## L21000034149

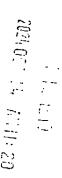
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Rosalinda F SUBJECT:	lowers Miami, LLC		
Webster.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Rosalinda	Name of Person	
	Rosalinda-	Firm/Company	,uc_
	2159 nw	7th Street Address	
	niani, s	City/State and Zip Code	
	Losalindaflo E-mail address: (t	City/State and Zip Code  Owers reard @ 9  to be used for future annual report notifi	mail. can
For further information co	oncerning this matter, please ca	all:	
Rosalinda	Person	at (786) 229 - Area Code Daytime	2.9 19 Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 00 14 MII: 20

(Name of the Limited Liability (	Company as it now appears on our records.) Imited Liability Company)
(A Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 1.21000034149	mpany were filed on January 15, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida strect address
	Enter Florida strect address , Florida City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Rosalinda Irias	2159 NW 7th Street, Miami, FL 33125	□Add
			□Remove
Manager	Rosalinda Irias	2159 NW 7th Street, Miami, FL 33125	<b>=</b> Add
		<u> </u>	□Remove
			□Change
			□ Add
		<del> </del>	□Remove
			□ Change
		<del></del>	□Add
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an effective date is ote: If the date i	other than the d listed, the date must be nscribed in this block we date on the Dep	e specific and a k does not m	cannot be prior	r to date of filin cable statutory	g or more than 9 / filing require	option: Odays after fili ements, this da	ng.) Pursuant to 6	05.0207 sted as
record specifies a	delayed effective	date, but not a	in effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day at	ter the
October 9,	<del>-</del> 0-		2024	·				
	Kan	enda -	him	)				
	_ Kos	lada - ignature of a m	iember or auth	orized represer	itative of a men	iber		

Filing Fee: \$25.00