Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFESIONALES 10, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESIONALES 10 LLC		
(Name of the Limited Liability Compan) (A Florida Limited Lia	(as it now appears on our records.) sbillty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000040590	rere filed on 01/20/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the nar	
	43	No.
Name of New Registered Agent:		228 200 200 200 200 200 200 200 200 200
New Registered Office Address:	Enter Florida struet address	
		TILE 12
	, Florida	Zip Conte
New Registered Agent's Signature, if changing Registered Agent:) 1 25 1 25 1 25
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i am rovided for in Chapter 605, F.S. Oi	familiar with and fig. if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	LUZ A TAMAYO	211 LEATHERWOOD CT	🗀 Add
		WINTER SPRINGS FL 32708	■Remove
			Change
AMBR	LUZ ELENA GONZALEZ ARCIL	451 SW 92 PASSAGE	■Add
		MIAMI FL 33174	□Remove
			[]Change
			□Add
		□ Remove	
		□Change	
		□ Remove	
			□Change
	- , 	🗆 🗆 Add	
		□Remove	
			□Change
			
			□Remove
			Change

f amending any other information, enter change(s) here: (Attach ada	litional sheets, if necessary.)
Marking data if other than the data of filings	(ontional)
Offective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed a
•	
e record specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) if The 90th day after the
d is filed.	
11/12/2021	<u>`</u>
Dated	FIL SECTION 12
0.00	بر . بر
Signature of a member or authorized represent	tative of a member
1 11"	OM .
•	温 2

Filing Fee: \$25.00