L21000042096

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Esqu. vel Mej. a LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arnol F Faquivel Contreves
Esquivel Mejia LL (Firm/Company
3079 Dorson Way
Delvay beach Fl 33445 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arol E Fequivel Contrerer at (561) 650-4588 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	21 AFK -5 融刊: 45
Squivel Mejia Lability Com (Name of the Limited Liability Com (A Florida Limite	ppany as it now appears on our records.)
(A Fiorida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>01-21-21</u> and assigned
Florida document number <u>1 21000042096</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3079 Dorson Way Delvay beach Fl 33445
	Delvay beach Fl 33445
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3079 Dorsen Way
-	3079 Dorson Way Delray beach Fl 33445
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Arnol	F Faquivel Contrevas
New Registered Office Address: 3079	Dorson Way Enter Florida street address
	beach Florida 33 445 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:

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 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 21 APR -5 MH 11: 45

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Rcmove
			□Change
·			□Add
			□Remove
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mending any other information, enter change(s) here: (Attach add	inional succes, if i	ets, if necessary. The Control of All 26		
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of e: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	or more than 90 days af	tional) ler filing.) his date v	Pursuant to 605.020 will not be listed as	
cord specifies a delayed effective date, but not an effective time, at 12:01 a. s filed.	m. on the earlier of:	(b) The	90th day after the	
ed 03-29-2021				
Signature of a member or authorized representati	tive of a member			
/ / /				
AINCIL E. ESJUIVEL CONTROL Typed or printed name of signe	ero S'			

Filing Fee: \$25.00