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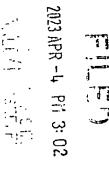
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PICK-UP WAIT MAIL
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Y. SCOTT MAY 2 0 2023

COVER LETTER

TO: Registra Division	ition Sect of Corpo		•	A Section 1
SUBJECT:	ME		ited Liability Company	
The enclosed Arti	icles of Ai	nendment and fee(s) are sub	omitted for filing.	
Please return all c	orrespond	lence concerning this matter	to the following:	
		Maria We car	Antunez Name of Person E Sitting LLC Firm/Company	2023 APR -4 PH 3: 02
		4310 windir	10 RIVEY WOUS	02
			City/State and Zip Code (TEU O NOT MOUL) to be used for future annual report not	com
For further inform	nation con	cerning this matter, please co	all:	
Maria	Anti Name of P	JNE Z erson	at (<u>B13</u>) <u>407</u> Area Code Daytin	- 9082 ne Telephone Number
Enclosed is a chec	ck for the	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)
	ation Sec n of Cor	ction porations	Street Address: Registration Se Division of Cor The Centre of T	porations
	ssee, FL	32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	d Liability Company)	1
The Articles of Organization for this Limited Liability Compa	ny were filed on	27/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	es UC	action "L.L.C." or the appreviation. "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	arcet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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
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				□ Remove
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ffective date, if other than the date of filing: _			(optior	val)	
an effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet	mot be prior to dat	e of filing or more tha	n 90 days after fi	ling.) Purs	uant to 605.02
ocument's effective date on the Department of State		and or y many requ			
record specifies a delayed effective date, but not an	offictive time 1	t 12:01 a.m. on the	earlier of: (b)	The 90th	h day after th
is filed.	cricetive time, a	(12.07 d.m. on the	currier (7). (0)	1110 7110	ir day arter til
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