## La1000053583

(Requestor's Name)	
( 4 ,	
- <u> </u>	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(2004mont/namaon)	
Conditional Commission of Chapter	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1

Office Use Only



500361957615

03/16/21--01020--004 \*+25.00



## **COVER LETTER**

то:	Registration Se Division of Cor			
ento in	Pro 180 LL	.c		
SUBJF	.c.:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LEXIE RIVERS		
			Name of Person	
		PRIME CORPORATE SE	RVICES	
			Firm/Company	<del></del>
		12226 S 1000 E STE 3		
			Address	
		DRAPER, UT 84020		
			City/State and Zip Code	<del>-</del>
		lexie@primecorporateservi		
For furt	ther information co	rmail address: ( oncerning this matter, please ca	to be used for future annual report notif all:	ication)
LEXIE	RIVERS		855 577-4639	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	6.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is englosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions  nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Compa	any as it now appears of Liability Company)	n our records.)	
		, , ,		
The Articles of Organization for this Limited Liabil	ity Company	were filed on 01/29	/2021 and as	signed
Florida document number 1.21000053583	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	· limited liab	oility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the desig	mation "LLC" or the abbreviation "I	"L.C."
Enter new principal offices address, if applicable	19455 Gulf Blvd 3	В		
(Principal office address MUST BE A STREET ADDRESS)		Indian Shores, FL 3	33785	
		10455 6: 1633 133	rs.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19455 Gulf Blvd 31		
		Indian Shores, FL 3	33785	
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered of address her	ffice address on ou <u>e</u> :	ur records, enter the name	of the I
Name of New Registered Agent:		· · · · · ·		
New Registered Office Address:	9455 Gulf Blv	vd 3B <i>Enter Florida</i>	ato vet and have	
		rmer r tortaa	Mreet address	_
ŀ	ndian Shores		ru	(P)
<u>lı</u>	ndian Shores	City	Florida \frac{233785}{	<i>•</i>
li New Registered Agent's Signature, if changing Regis		•	Florida 333785 Zip Code	<u> </u>

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	Raul Luna	19455 Gulf Blvd 3B	Add
		Indian Shores, FL 33785	Remove
AMBR	Rocio Luna	19455 Gulf Blvd 3B	
		Indian Shores, FL 33785	□ Remove
			Change
		<del></del>	☐ Remove
			Change
			Add
			Remove  Change  AR
			Add  Remove
			Change
			□ Remove
			Change

<del></del>				
	· · · · · · · · · · · · · · · · · · ·			
		<del></del>	<del></del>	
				<u> </u>
·				
<del></del>			•	
<del></del>				
		<u> </u>		
			`.	
<del></del>				2821
			<u></u> ,	MA I
Tective date, if other than the da n effective date is listed, the date must be	ite of filing: e specific and cannot be prior	r to date of filing or more th	(optional) '	
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	c does not meet the applicant of State's records	cable statutory filing req	uirements, this date w	ill not be listed a
	and of State 3 records	•	2 6 <u>8</u>	<sup>∞</sup> D
record specifies a delayed e he 90th day after the record	ffective date, but no	ot an effective time	, at 12:01 agm: o	
ted March 9	2021	·		
	D. A.	orized representative of a		
- Cir	mature of a member describ	atized representative of a s	11/-171/2/-F	

Page 3 of 3

Filing Fee: \$25.00