## h21000055679

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>e #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		(401
		NO





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## ARTICLES OF AMENOMENT TO ARTICLES OF ORGANIZATION OF

Lingres Lite Growth	n Consulting LLC	·
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100055679</u>	were filed on <u>01.31.21</u>	and assigned
This amendment is submitted to amend the following:		
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 Compan" the designation "LLC" or the abbre	vation "L.IC."
Enter new principal offices address, if applicable:	18391 NW 75th pass	soe
(Principal office address MUST BE A STREET ADDRESS)	Hialeah_FL, 33015	2,791
Enter new mailing address, if applicable:	(some)	(
(Mailing address MAY BE A POST OFFICE BOX)		- = -
	, <del></del> <del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	the new registered
Name of New Registered Agent:		
New Registered Office Address:	E. ter Florida street address	
	,, Florida	. 'p Code
	City	. p Code

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

I hereby accept the appointment as registered agent and agree to act vi 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 fam 'iar with and accept the obligations of my position as registered agent as provided jor in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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
MGR	Ana Linaress	1839 I NW 75th passage Hialean FL, 33015	EIAdd
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company Linares Life	Growth	Consultin	g LU
to title : Manager = And	a Linores	· )	<del>-</del>
Thank you.			
Ana Linares.			··
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fective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applicment's effective date on the Department of State's records.	able statutor, filing rec	<b>(optional)</b> nan 90 days after filing.) P uirements, this date wi	ursaant to 605. Il not be liste
d specifies a delayed effective date, but not an effective ti led.	ime, at 12:01 i.m. on th	e earlier of: (b) The 9	00th day after
Signard of a member of auth	brized representative of a	member	