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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: Mery Ortegon 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:
Mery Ortegon Meny Ortegon LLC
Z73 NE98th Street
Mian SLores, FL 33/38 City/State and Zip Code angelicator reva 273@gmail. cond. Email address: (to be used for future annual report notification)
Meny Dr +ego, at 305 898-3224 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

TO:

Registration Section

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

(Name of the Limited I.	De Algon L C C (iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on $\frac{2/9/2}{0.09004}$	21 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
		202
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	5. 0
		ं यं
Enter now mailing address if applicables		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Floric	ła
_	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 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
MGR	Meny Ortegon	273 NE98th Stre	Let DAdd
	ŕ	Miami SLORS, FL 331.	
			□Change
AHBR	Angelica Herrera	Z73 NE 98th Aree Miani Shares, FL 331	+ DAdd
		Miami Shares, FL 331	<u>3</u> § □Remove
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ffective date, if other than the date of an effective date is listed, the date must be spetiote: If the date inserted in this block do ocument's effective date on the Department.	cific and cam es not meet	iot be prior to date the applicable s	c of filing or more t		filing.) Pursu	
record specifies a delayed effective date. I is filed.					The 90th	day after the
ated JUAL 28 Plend 0, Signature Me	<u> </u>	7021.				
				nambar		
Signati	re of a memb	oer or authorized	representative of a	memoer		

Filing Fee: \$25.00