121000070296

(Requ	uestor's Name)
(Addr	ess)
(Addri	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

Office Use Only



700438668167

10/28/24--01030--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 15 19nd 900 Pocycles LCC 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:
Damaris Dia. Name of Person
Island and pecycles (C.
M COA COAC
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (25) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

(A F	lorida Limited Liability Comp	any)	
The Articles of Organization for this Limited Liabilifornida document number	hity Company were filed o	·· <u>allo</u> lace	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability compar	n <u>v here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		. 2
(Principal office address MUST BE A STREET A	DDRESS)		
			<u> </u>
			20
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		<u>(</u>
			書はも
B. If amending the registered agent and/or regis		our records, enter the nan	ne of the new registered
Name of New Registered Agent:	<u>"Damar</u>	ris Dian.	
New Registered Office Address:	17160	A Lane.	
	Tavernies	Florida Florida	33000 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

MGR = Manager AMBR = Authorized Member Title Name Address Type of MGN Darron D192 11 CoA Cane Add Tavenier F7 33070 Drem Ochar Ochar Add Add Add Add Add Add Add A	
Mon Davier Diaz Mca Lane Add Tavenier F733070 DRem Daniel Dian Dadd	
Toversier F733070 DRem Char Mon Daniel Dion DAdd	<u>Action</u>
Mon Daniel Dion Dadd	
Mon Daniel Dian	ove
	ige
	ove
	ige
	ove
□Char	ige
	ove
□Char	ige
	ove
Char	ige
🗆 Rem	ove

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_	
_	<u> </u>
_	
_	
_	
_	
_	
_	
_	
n effe <u>)te:</u> l	the date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ted _	10/22 2024
	Signature of a member or authorized representative of a member