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(Re	equestor's I	Name)	
(Ac	ldress)		
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(Ci	ty/State/Zic	/Phone #)	
PICK-UP	□ w	AIT I	MAIL
(Bu	isiness Ent	ity Name)	
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Certified Copies	_ Cert	ficates of Status	
Special Instructions to	Filing Offic	er:	
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2021 JUL 22 AM II: 51 SECRETARY OF STATE TALLAHASSEE, FI

COVER LETTER

Division of Corp SUBJECT: <u>G/O</u> V	und Pros lan	d (1000 11 /	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Damian	Poscual	
		Name of Person	
	Kentuck	Firm/Company Y ST	
	103 Kentuck	Address	
	wauchula	Florida 33873 City/State and Zip Code	
	Pa Scual Service E-mail address: (SII Con on ail . Com to be used for future annual report notification	ication)
For further information co	ncerning this matter, please c	all: \$63-832-6841	
Damian Pa	scual	at (263) B32	6841
Name of	Person		: Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine Address:		Street Address	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

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

(Name of the Limited Liability (A Florida	Company as it now appears Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co				and a	ssigned
Florida document number <u>L210000 \$9 2 35</u>	_ ∙				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	re:			
De la Cartana					
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	esignation "LLC" or the	abbrev	iation "	L.1C."
Enter new principal offices address, if applicable:			(n -111	202	
Principal office address MUST BE A STREET ADDRE	ESS)		200 200 200 200 200 200 200 200 200 200	<u></u>	
·		<u>.</u>			• ऋच्या वृद्धस्त्र
			37	10	्नसुम्हा (नसुम्हा
inter new mailing address, if applicable:			75 (C) 22 - 0 23 - 0		
Mailing address MAY BE A POST OFFICE BOX)			7134	ਂ.	0.005
			1.1.1		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our re	ecords, enter the na	ime of	the no	ew regist
Name of New Registered Agent:			,		
New Registered Office Address:					
•	Enter Flori	da street address			
		Florida			
	me, enter the new name of the limited liability company here: Services LLC distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." all offices address, if applicable: dress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered office address here: lew Registered Agent:	•			

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

1.1

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
			□Add
	·		□Remove
			□Change
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ctive date, if othe	r than the	date of filing: be specific and canno		£ £1;	(o _l	otional)	605.0
: If the date inserte	ed in this blo	ck does not meet th	e applicable s	tatutory filing red	nan 90 days a quirements,	ner ning.) Purs this date will i	not be listed
ment's effective da	ie on the De	partment of State's	records.				
	yed effective	date, but not an eff	ective time, a	t 12:01 a.m. on th	ne earlier of:	(b) The 90th	n day after i
filed.							
05/18/	2021						
<i>D</i> o	anian anian	Pascual Signature of a member	r or authorized	representative of a	member		
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