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Certified Copies	Certificates	of Status
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Special Instructions to Fili	ng Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				
LORENA I	OPEZ HOMES LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARIA LORENA LOPEZ	2		
		Name of Person	<del></del>	
	LORENA LOPEZ HOME	S LLC		
		Firm/Company		
	3036 ELIZABETH STREE	ET		
		Address		
	COCONUT GROVE, FL.	33133		
	LORELOP@HOTMAIL.C	City/State and Zip Code	<del></del>	,
		to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
MARIA LORENA LOP	EZ	786 346-8098		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee o	© TI TD

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000094248}{1.21000094248}$ .	were filed on MARCH 4, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		· .
(Mailing address MAY BE A POST OFFICE BOX)		
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 nar</u>	ne of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		3 7
	Enter Florida street address Florida	Tip Code : 17
	City	Se Code : 77
New Registered Agent's Signature, if changing Registered Agent:		<b>—</b> ( <b>—</b>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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
MGR	MARIA LORENA LOPEZ	3036 ELIZABETH STREET	<b>≣</b> ∆dd
		COCONUT GROVE, FL 33133	□Remove
			Change
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Effective date, if other than the date of filing:  (In a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605-920  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at document's effective date on the Department of State's records.	_						-
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Signature of a member or authorized representative of a member		Hala					
	-	Signature of a me	mber or authorize	I representative of a me	mber		
	VAL	ERIA C. LEDO					

Filing Fee: \$25.00