## LZ1000100631

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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration Se Division of Cor		•	
SUBJEC	1-7-	thodology LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Omar Estrada Soto		
			Name of Person	
		Estrada Methodology LLC		
			Firm/Company	
		12751 SW 65 St		
			Address	
		Miami, Fl 33183		
			City/State and Zip Code	<del></del>
		oestradasoto@hotmail.com	to be used for future annual report notil	
For furth	er information c	oncerning this matter, please o	·	ication)
Omar Es	trada soto		305 9049054	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (1989)

21 APR 30 AM 8: 43

ity Company as it now appears on our records.) la Limited Liability Company)
Company were filed on 3/1/2021 and assigned
·
nited liability company here:
nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
RESS)
ed office address on our records, enter the name of the new register.
······································
Enter Florida street address
, Florida
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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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added THE STATE OF THE PROPERTY OF T or removed from our records:

MGR = Manager AMBR = Authorized Member 21 APR 30 AH 8: 43

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sarah Laguna	12751 SW 65 St	
		Miami, Fl 33183	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	e must be specifi iis block does (	ic and cannot not meet the	be prior to di applicable	ate of filing or r	nore than 90 c	lays after	filing.) Pur	suant to not be	605.026 listed a
record specifies a delayed eff Lis filed.	ective date, bu	t not an effe	ective time,	at 12:01 a.m	on the earli	er of: (b	) The 90	th day a	ifter th
ated April 24		2021	-1-1						
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Filing Fee: \$25.00