## K21000116951

(Requestor	s Name)
(Address)	
(Āddress)	
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document	Number)
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A. BUTLER
DEC 1 3 2021

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:		ering LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Westy Alcinda	Name of Person	
	Alandar Ca	Jering LLC Firm-Company	
	1431 Simpson	n Rd #152 Address	
	Kissimmee Alcindor cater	FL 34744  City/State and Zip Code  ing @ gmail. Co o be used for Nutdre annual report notifi	em
For further information c	oncerning this matter, please ca		acadon)
Wesly Alein Name of	description of Person	at (916) 439 - Area Code Daytime	9837 e 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 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

(Name of the Limited Liability Compa (A Florida Limited	ny asit now appears on our records.) Liability Company)	<u>1: 5(</u>
The Articles of Organization for this Limited Liability Company Florida document number $\angle 21000116951$ .	were filed on 03 11 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company,,, the designation "LLC,, or the a	ibbreviation "L.L.C.,
Enter new principal offices address, if applicable:	1431 Simpson Re	1 4152
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee FL,	34744
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1431 Simpson hd Kissimmee FL	#152
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nai	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	<u> </u>
	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>	<u>Address</u>	Type of Action
MGR	Wesh Alcindal	1431 Simpson Pd #15a	<b>\$</b> \^dd
		kissimmee FL ,3474	<del>∫</del> □Remove
			□Change
MGR	Alexandra Aleindor	1431 Simpson p# 152	ÆAdd
		Lissimmee FL, 3474	
		<del></del>	□Change
			□Add
		<u> </u>	□Remove
		□Add	
		□Remove	
			□Change
			□Add
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			Change

). If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>.</del>	
	<del></del>
<del></del>	
Note: If the	ate, if other than the date of filing: (optional) 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 605.0207 (3 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
The record speceord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCT 28, 2621  Signature of a member or authorized representative of a member
-	WeSty Alcindor  Typed or printed name of signee