## L21000127689

| (Requestor's Name)                      |                        |
|---|------------------------|
| (Address)                               | 80036562               |
| (Address)                               |                        |
| (City/State/Zip/Phone #)                |                        |
| PICK-UP WAIT MAIL                       |                        |
| (Business Entity Name)                  |                        |
| (Document Number)                       | 05/07/21 <b></b> 01009 |
| Certified Copies Certificates of Status |                        |
| Special Instructions to Filing Officer: |                        |
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| 06/16121                                |                        |



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## **COVER LETTER**

|                  | egistration So<br>ivision of Cor  |   |   |   |
|------------------|---|---|---|---|
| CHULCT           | La Shekina  | h. LLC                                    |   |   |
| SUBJECT          | :   | Name of Lin                               | nited Liability Company   | <del></del>   |
| The enclos       | ed Articles of  | Amendment and fee(s) are sub              | omitted for filing.   |   |
| Please retu      | rn all correspo   | ondence concerning this matter            | to the following:   |   |
|                  |   | Yorley Durand Fuentes                     |   |   |
|                  |   |   | Name of Person  |   |
|                  |   | La Shekinah, LLC                          |   |   |
|                  | Firm/Company  |   |   | <del>-</del> -  |
|                  |   | 5750 Kislin Pl.                           |   |   |
|                  |   |   | Address   |   |
|                  |   | Orlando, FL 32807                         |   |   |
|                  |   |   | City/State and Zip Code   | <del></del>   |
|                  |   |   | rand1971@gmail.com to be used for future annual report notif                                    | ication)  |
| For further      | information c   | oncerning this matter, please c           | all:  |   |
|                  | Yorley Dura   | nd Fuentes                                | 321 276-0557  |   |
| Name of Person   |   | f Person                                  |   | Telephone Number  |
| Enclosed is      | a check for th  | ne following amount:                      |   |   |
| <b>S</b> \$25.00 | Filing Fee  | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                             | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re<br>D<br>P.    | ailing Addres<br>egistration S<br>ivision of C<br>O. Box 632<br>allahassee, I | Section<br>orporations<br>7               | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee  Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Shekinah, LLC

| ( <u>Name of the Limited</u><br>(/   | l Liability Company as i<br>V Florida Limited Liabilit                                      | t now appears on our re<br>y Company)      | ecords.)   | <del></del>   |
|--|---|--|--|---|
| The Articles of Organization for this Limited Lial Florida document number L21000127689  |   | filed on 03/18/2021                        |  | and assigned  |
| This amendment is submitted to amend the follow  | ving:   |  |  |   |
| A. If amending name, enter the new name of t   | he <u>limited liability c</u>   | ompany here:                               |  |   |
| The new name must be distinguishable and contain the wor   | rds "Limited Liability Cor  | mpany," the designation                    | "LLC" or the abbr                                | eviation "L.L.C."   |
| Enter new principal offices address, if applical   | ble:  |  |  |   |
| (Principal office address MUST BE A STREET   | ADDRESS)  |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
| Enter new mailing address, if applicable:  |   |  |  | <u>.</u>  |
| (Mailing address MAY BE A POST OFFICE B  | <u>ox)</u>  |  |  |   |
|  |   |  |  |   |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:  |   |  |  | of the new registere  |
|  |   | Enter Florida street a                     |  |   |
|  |   | itv  | Florida  | Co Coda   |
| New Registered Agent's Signature, if changing Re   |   | i.   |  | _   |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this classes. | agent and agree to a<br>and complete perfo<br>ered agent as provia<br>gistered office addre | rmance of my dutie<br>led for in Chapter 6 | s, and I am f <del>d</del> r<br>105, F.S. Or, if | e to comply with the<br>niliar with and<br>this document is |

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>           | Address                          | Type of Action  |
|--------------|-----------------------|----------------------------------|-----------------|
| MGR          | Yorley Durand Fuentes | 5750 Kislin PL Orlando, FL 32807 | □Add            |
|              |                       |                                  | □Remove         |
|              |                       |                                  | <b>■</b> Change |
| MGR          | Mirelsa Santos        | 5750 Kislin PL Orlando, FL 32807 | ■Add            |
|              |                       |                                  | □Remove         |
|              |                       |                                  | □Change         |
|              | <del></del>           |                                  | □Adđ            |
|              |                       |                                  | □Remove         |
|              |                       |                                  | □Change         |
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|              |                       | □Add                             |                 |
|              |                       |                                  | □Remove         |
|              |                       |                                  | □ Chongo        |

| Effective date, if other than the date of filing:    Out   |   |                                     | <u>.</u>   |                                  |
|--|---|-------------------------------------|--|----------------------------------|
| Effective date, if other than the date of filing:    04/05/2021   (optional)   (opt |   |                                     |  |                                  |
| Effective date, if other than the date of filing:    04/05/2021   (optional)   (opt |   |                                     |  |                                  |
| Effective date, if other than the date of filing:    04/05/2021   (optional)   |   |                                     |  | ·                                |
| Effective date, if other than the date of filing:  (a)405/2021  (optional) (o |   |                                     |  |                                  |
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| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed is filed.  Dated April 5  Signature of a member or authorized representative of a member  |   |                                     | e statutory filing requirements, this d                  | '5+                              |
| Dated April 5  Signature of a member or authorized representative of a member  | document's effective date on the f  | Department of State's records.      |  |                                  |
| Dated April 5  Signature of a member or authorized representative of a member  |   |                                     |  |                                  |
| Dated April 5  James  Signature of a member or authorized representative of a member   |   | ve date, but not an effective time, | , at 12:01 a.m. on the earlier of: (b)                   |                                  |
| Signature of a member or authorized representative of a member   |   |                                     |  |                                  |
| Signature of a member or authorized representative of a member   | April 5   | 2021                                | •  | Ë                                |
|  | 7atCu   | ·                                   |  |                                  |
|  |   | Jan-                                |  |                                  |
| Variou Durand Euantee  | <del></del>   | Signature of a member or authorize  | ed representative of a member                            |                                  |
| Variou I turand buantar  |   | V 1 15                              | I Postore  |                                  |
| Typed or printed name of signee  |   |                                     |  |                                  |