LZ1 000 137405

(Requestor's Name)	
(Address)	800363
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	04/14/21
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



800363523698

04/14/21--01010--012 **35.00

5.C.

Office Use Only

COVER LETTER

	gistration Section vision of Corporations
SUBJECT	
	Name of Limited Liability Company
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.
Please ren	n all correspondence concerning this matter to the following:
	Gisela Esteran Name of Person
	Firm/Company
	1711 NW 2300 TEN
	Cape Coral F1 33993
	City/State and Zip Code 991estefan M O Janoo - Com 15 E-mail addless: (to be used for future annual report notification)
For further	nformation concerning this matter, please call:
6	sela Estefan =1,239,888-1878
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□ \$25,00	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed: Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.e	iling Address: gistration Section Registration Section Division of Corporations Division of Corporations Division of Tallahassee Lahassee, FL 32314 E Street Address: Division of Corporations Division of Corporations Callahassee Division of Tallahassee Callahassee Division of Tallahassee Callahassee Callahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

T STEFAN	HOME	
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appea ida Limited Liability Company)	rs on our records.)
,		11-1
The Articles of Organization for this Limited Liability	Company were filed on <u>C</u>	and assigned
Florida document number 700362628	<u>8</u> 257	
This amendment is submitted to amend the following:		
This uncomment is substituted to unless the retire wing.		
A. If amending name, enter the new name of the lin	mited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the words "Li	imited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)	·	
imating unaress institute for the boxy		
B. If amending the registered agent and/or register	ed office address on our r	ecords, enter the name of the new registers
agent and/or the new registered office address here		
Name of New Registered Agent:	······································	
North Decision of (NOT) - Addresses		
New Registered Office Address:	Enter Flo	rīda strēet address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	\odot
I hereby accept the appointment as registered agen	of and agree to act in this	canacity I further our to comply with th
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		
being filed to merely reflect a change in the registe company has been notified in writing of this change	• •	by confirm that the lim <u>it</u> ed liability
company me ocen magnet in writing of the change	···	T [min
		ų
		ω

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	Lisvany Bodingu	2 1711 NW 23 60 Cape Coral Fl 33993	<u> </u>
		/ COPAI FI 33993	\
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		APR	. !
			,
		 ພ ວ	□Change
			□Add
			□Remove
			Channe

	•	
--	---	--

			,					
					·			
								
						2 200		
						· · · · · · · · · · · · · · · · · · ·		
								
								
								
l'an effectiv <mark>Sote:</mark> If tl	date, if other that we date is listed, the da he date inserted in a 's effective date on	ate must be specific this block does r	c and cannot be not meet the a	oplicable statuti	2021 ling or more than sory filing require	(option : 90 days after till ements, this da	ing.) Pursua	nt to 605.0207 t be listed as t
record sp I is filed.	necifies a delayed e	ffective date, but	t not an effect	ive time, at 12:0)I a.m. on the ea	arlier of: (b)	The 90th (lay after the
	Ahail	12	20	21			2021 APR 1	i
ated	11011			/ /	, ,			
Dated	11011	-1						ניי.
Dated	- 1 (0(1)	Signature o	of a member	2/11/1	sentative of a men	nber	<u>۔</u> ښ	<u>[:</u>

Filing Fee: \$25.00