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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations	1		٠	4*
SUBJECT:	LURRO 20	21, LLC			At a	•
SOBSECT.		Name of Lim	ited Liability Compan	y		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Sylvia Sannia				
			Name of Perso			
		Entity Choice Inc.				
			Firm/Company			
		104 Crandon Boulevard, S	ste #300B			22
		-	Address			AUG
		Key Biscayne, FL 33149				16
			City/State and Zip (Code		P
	•	support@sanniaepa.com	to be used for future a		Toution V	ယ္
For further in	nformation c	oncerning this matter, please c		muar report nom	ication)	28
Sylvia Sann	ia		305 at (400-2031		
	Name o	f Person	Area Code	Daytime	: Telephone Number	
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	py	Certified	te of Status &
	iling Addres gistration S			eet Address: gistration Sec	etion	
Div	vision of C	orporations	Div	ision of Coη	porations	

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

LURRO 2021, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	· <u> </u>		
The Articles of Organization for this Limited Liability Company Florida document number L21000139743	and assi	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.I	C."	
Enter new principal offices address, if applicable:		N	' <u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<u>≯></u>	<u> </u>	
		<u> </u>	74 F	
		2	22.	
Parameter address of analysis		P	₹ <u>4.</u>	
Enter new mailing address, if applicable:		<u></u>	JINISION OF CORRECT ATTUM	
(Mailing address MAY BE A POST OFFICE BOX)			- 12-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the n	ume of the new	register	
	Guer Florau sirver aduress			
-	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	y	,		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paching filed to merely reflect a change in the registered office	performance of my duties, and I a rovided for in Chapter 605, F.S. (m familiar with Or, if this docu	i and ment is	

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	Jorge Rodriguez Gracia	328 Crandon Blvd. Ste 119-105	= Add
	•	Key Biscayne, FL 33149	□Remove
			Change
			□Remove
			□Change
			JIVISION I
			□R on nove
	•		P
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					·	29	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
ective date, if other than the date offective date is listed, the date must be: If the date inserted in this blockument's effective date on the Dep	e specific and k does not m	cannot be prioneet the application	cable statutor			ing.) Pursuant to 605	
ecord specifies a delayed effective of stiled,	late, but not	an effective t	ime, at 12:01	a.m. on the o	arlier of: (b)	The 90th day afte	r the
	//	202	<u>Z</u> .				
ted <u>Avgiv87</u>	· /.	nember or auth	/ /				

Filing Fee: \$25.00