# L21000163559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		lanlu
		6/22/11 TM

Office Use Only



000365896530

RECEIVED

MAY 1 7 2021

09/17/21--01091--002 \*\*25.00

21 MAY 17 PM 3: 44

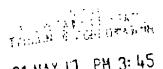
## **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT:	010'S transpo. Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Madelyn	SUAFE Z Name of Person	
	Amendment and fee(s) are submitted for filing.  For Amendment and fee(		
	8050 NG	N 103 th 5t S	He 201
	e Kmul Light E-mail address: (1	e Services & Emailia de la Comación de used for future annual report notifi	(. On ication)
For further information co	ncerning this matter, please ca	all:	
Madelyn	Suarez	at (305) U56-	- 9140
Name of	Person -	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
		Certified Copy	Certificate of Status & Certified Copy

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



(pro's transc	port LLC	21 MAT 11 111 3. 10
(Name of the Limited Liability (A Florida I	Company as it now appears on ou limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000163859</u>	ompany were filed on O4(	08/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRI	ESS)	<u>.</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	net address
		, Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = At	anager uthorized Member		TANAM (3. John Odd. e)	
<u>Title</u>	Name	Address	21 HAY 17 PM 3: 45	Type of Action
MGR	Leticia Lhanio Coro	<u>231 Su</u>	, 9thst	□Add
		Dania	F1 33004	🎘 Remove
				Change
AMBR	Leticia Lhanio Goro	231 50	u 9th st	XAdd
		Dania	F1 33004	□Remove
		<del>_</del>		□ Change
			<u></u>	□Add
				Remove
			<del>-</del>	□ Change
				□Add
			•	□Remove
				□Change
				□Add
			<del></del>	□Remove
				□ Change
	<del></del>			🗆 Add
				🗆 Remove
			·	□Change

	_	r information									
						·					
		<u></u>									
	_										
								<del></del>		<u> </u>	<del></del>
								_			
			_								
ective	date, if othe	r than the dat	e of filir	ng:				(optic	nal)		
i effectiv	e date is listed,	the date must be d in this block	specific ar	id cannot be				0 days after	filing.)		
ument	s effective da	te on the Depar	tment of	State's rec	ords.						
rord sr	ecifies a dela	ed effective da	te but no	nt an effect	ive time a	et 12:01 a.m	on the ca	rlier of: (b	) The	: 90th day	after the
s filed.		, 50 2111211115 22					•		,	,	
	1,0	100.									
ed	<u>05-112</u>	12021		·	·						
				_£6	niol						
		Sign	ature of a	member of	r authorized	representati	ve of a men	ber			

Filing Fee: \$25.00

