L21000180350

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Floy	ACC ROSENCY Name of Light	TCOM UC ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Carol M.	CONZCLEZ Name of Person	
		Firm/Company	
	2974 moo	nstone Bod.	
	hissimme	City/State and Zip Code	
	E-mail address: (I	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
Name o	C70072CVEZ	at (100) (62) . (1) Area Code Daytim	9196 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on April 9,20 Florida document number <u>L21000180350</u> .	<u> </u>	d assigned	j
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company, the designation "LLC., or the	abbreviation	on "L.L.C.,,	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· .	
	·	**************************************	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> agent and/or the new registered office address here:	ıme of th	e new reg	istered
agent and/or the new registered office address here:		222	
Name of New Registered Agent:		- GC -	
New Registered Office Address: Enter Florida street address		<u> </u>	
. Florida	* 1 *}	ىد. رب	
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel A. Garraiez	2924 Manstone Bro	_ Xį́∧dd
		hissimmee, Fl 34758	Remove
		-	□Change
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D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Do</u>	niel is the Owner of the Company, so needs
to	be added as an authorized user.
·	
	
	
	
E ESC. Alice de	As if ask we show the disk of filling.
(If an effective of Note: If the	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)(b) 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.
If the record spec record is filed.	rifies 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 <u>S</u>	ptember 30. 2021.
_	Signature of a member or anthorized representative of a member
_	Carol M. Gunzalez Typed or printed name of signee