LZ1000 181796

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		(D-1/27)



100366893381

06/02/21--01022--003 **25.00

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		& INVESTMENTS TEAM L	LC		
SUBJEC		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please reti	urn all correspoi	ndence concerning this matter	to the following:		
		YAMHURE, ERNESTO			
			Name of Person		
			Firm/Company		
		8890 NW 99TH AVE			
			Address		
		MEDLEY, FL 33178			
		NPINZON@ALLBSOLUT	City/State and Zip Code TONS.COM to be used for future annual report notif	ivetion)	
For furthe	r information co	oncerning this matter, please ca	•	ication	
YAMHU	RE, ERNESTO		786 209-4629 at ()	<i>[021</i>	<i></i>
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	ne following amount:			. 1
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	フ

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, Flor	ida
Enter Florida street address	
	<u></u>
	
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	× .1
e address on our records, <u>enter th</u>	<u>ie name of the new registered</u>
	921
	<u> </u>
ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
ability company here:	
ny were filed on 04/19/2021	and assigned
d Liability Company)	
pany as it now appears on our records.)	
	ability company here: ability Company," the designation "LEC" of

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	YAMHURE FONSECA, ERNEST	8890 NW 99TH AVE	□Add
		MEDLEY, FL 33178	Remove
			□Change
MGR	HELO PEREZ, SAMIR A	8890 NW 99TH AVE	= Add
		MEDLEY, FL 33178	□Remove
MGR	HELO YAMHURE, ERNESTO E	8890 NW 99TH AVE	■Add
		MEDLEY, FL 33178	□Remove
MGR	HELO YAMHURE, KARINA M	8890 NW 99TH AVE	€Add
		MEDLEY, FL 33178	
		<u></u>	D □ Remove □ □ □ Change
MGR	HELO YAMHURE, ERIKA M	8890 NW 99TH AVE	= Add
		MEDLEY, FL 33178	□Remove
			□Change
			□Add
			□ Remove
			□Change

Signature of a member or authorized representative of a mem	
ated May 25th 2021	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eal is filed.	arlier of: (b) The 90th day after the
(ote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	
ffective date, if other than the date of filing:	(optional) 90 days after filing.) Pursuant to 605.0207
	= -
	N
	2021
	

Filing Fee: \$25.00