K21000200087

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
MAR	WASKE, TOP	

Office Use Only



000382091930

03/04/22--01025--013 **25.00

2022 HAR -4 AM 8: 59 SECRETARY OF CHARLAMASSEC, FRANCE

7077 HAR -4 AM 8: 59

COVER LETTER

TO:		istration Sec sion of Corp		÷.	• •	•
		Figueroa Bu	ild LLC		. •	
SUBJE	CT:		Name of Lin	nited Liability Company		
The end	closed	Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please	return	all correspo	ndence concerning this matter	to the following:		
			Fabrizio Lengua			
				Name of Person		
			ZenBusiness INC.			
			<u> </u>	Firm/Company	 ,	
			5511 Parkerest Dr. Suite 1	0.3		
				Address	 	
			Austin, TX 78731			
				City/State and Zip Code		
			fulfillment@zenbusiness.co	om to be used for future annual report not	147	
For fur	ther in	formation co	oncerning this matter, please o	•	meanon)	
Fabrizi	io Len	gua		512 237-7349 at()		
		Name of	Person	Area Code Daytir	ne Telephone Number	
Enclose	ed is a	check for th	e following amount:			
≡ \$2:	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		ling Address distration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations			
		. Box 632 lahassee, F		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -4 AM 8: 59

,	1, '		1 1	/ .
Figueroa	KIII	141	, ,	

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L21000200087</u>	were filed on 2021-04-29 and assigned		
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Tallahassee, FL 32303 Tallahassee, FL 32303 Tallahassee, FL 32303 Tallahassee, FL 32303 Tallahassee, FL 32303			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3521 Cangrove Rd		
, ,	Tallahassee, FL 32303		
Enter new mailing address, if applicable:	3521 Cangrove Rd		
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
Thereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the		

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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Joshua Figueroa		□Add
			□Remove
		3521 Cangrove Rd Tamarac, FL 32303	≡ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
		 	□Remove
			□Change
			□Add
			Remove
			□Change
		. <u>. </u>	□Adđ
			□Remove
			□Change

Page 2 of 3

		· · · · · · · · · · · · · · · · · · ·		
		 		
			-	
		 		
				
				
			··· ··	
-				-
ective date, if other than the effective date is listed, the date mute: If the date inserted in this blument's effective date on the D	lock does not meet the appli-	cable statutory filing r	(optional) than 90 days after filing.) Purs equirements, this date will r	uant to 605.020 not be listed a
ament verteen te date on the is	epartment of State 3 record.	,.		
record specifies a delayed he 90th day after the rec	d effective date, but no ord is filed.	ot an effective tim	ne, at 12:01 a.m. on t	he earlier
ed	2022			
	Visnature of the second	I I Sucrou		
1,000	/s/ Joshua Signature of a member or auth	notized representative of	u member	

Page 3 of 3