121600202587

(Re	equestor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400373853964

09/27/21--01029--029 **60.00

2021 SEP 27 PM 3: 05 SEOSEIANN SEE STATE

OCT 0 : 2021

COVER LETTER

1

TO: Registration So Division of Cor				
CRIADER CT.	O VR LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	George Ortiz			
		Name of Person	 	
	George Ortiz			
		Firm/Company		
	550 NE 25th Avenue			~
		Address		021
	Ocala, Florida 34470			2021 SEP 27
		City/State and Zip Code		27
	attygortiz@gmail.com		*	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:		3: 05
George Ortiz		352 209.8786 at ()		
Name o	f Person	Area Code Daytime Telepho	one Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	itus &
Mailing Addres Registration S		Street Address: Registration Section		
Division of C	Corporations	Division of Corporation	ons	
P.O. Box 632		The Centre of Tallahas	ssee	
Tallahassee, l	FL 32314	2415 N. Monroe Street	t, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ity Company)	<u> </u>
e filed on April 30, 2021	and assigned
	<u> </u>
company here:	
ompany," the designation "LLC" or the ab	breviation "L.L.C."
	702!
	- E E
	2 2
	je i. Gogo _oo , al
	i w
	205
ess on our records, <u>enter the nam</u>	e of the new regi
Enter Florida de 11	
rmer Florida Mreet address	
, Florida	Zip Code
	company here: company," the designation "LLC" or the above and the designation of the second

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	Viviana Restrepo Duran	4566 SE 2nd Place, Ocala, Florida 34471	≡ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			202 Gemove 1
<u></u>			Etchange RAdd
			r:; O1 □Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

									_
									_
									_
				-					-
				-				-	_
			· · · · · · · · · · · · · · · · · · ·		-				-
<u></u>									-
					<u> </u>				_
							<i>:/</i>)	202	
							TAL TAL)21 SE	سونين
					 -	 .		—EP 2	- 1024 - 1024
	-						60		·
							100 (3 	PK	- were
							71	<u>ः</u>	
							,	Ų,	
				<u> </u>					
						.			
If an effective in the Mote:	ate, if other than the date is listed, the date must date inserted in this ble effective date on the De	be specific and ock does not m	cannot be prior	able statutory t	or more than 90 ciling requireme	_ (optiona lays after filir ents, this da	· ~ \ 10000000000000000000000000000000000	nt to 605. : be liste	.0207 ed as
	rifies a delayed effective	date, but not	an effective ti	me, at 12:01 a.i	m. on the earli	er of: (b) - 1	The 90th d	ay after	the
e record spec rd is filed.									
ra is mea.	6/16		2021	<u> </u>					
e record spec rd is filed. Dated									