## L21000206189

(Requ	uestor's Name)	
(Addı	ress)	
- (Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	

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## **COVER LETTER**

TO:

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e,		 Bobrek Lope	ez & Associates		
SUBJEC	ct:	<u> </u>		ited Liability Company	<del></del>
The encl	Division of Corporations				
Please re	turn	all correspoi	ndence concerning this matter	to the following:	
			Yohana Bobrek		
				Name of Person	
			Bobrek Lopez & Associate	s	
			<del></del>	Firm/Company	<del></del>
			10734 Regent Square Dr U	nit 1504	
				Address	
			Orlando, Fl 32836		
				City/State and Zip Code	
			- <del>-</del> -		
For furth	er in	formation co			1)
Maria Sa	ntia	ŝo			
		Name of	Person		phone Number
Enclosed	l is a	check for th	e following amount:		
<b>■</b> \$25.	00 F	iling Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Div	ision of Co	orporations	Division of Corporat	
				-	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	• -	~ ~
2023 SED		
٥٢٢	-/	A#11:21
1		~ ~ /

Bobrek Lopez & Associates

(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 Li Florida document number L21000206189	ability Company were filed on 05/03/2021	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter</u> s <u>s here</u> :	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street addres	s
		orida
	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>	<u>Address</u>	Type of Action
MGR	Hugo Lopez	10734 Regent Square Dr	
		Orlando, Fl 32825	■Remove
			□Change
			□Add
			□ Remove
			Change
		<del></del>	
		<del></del>	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
		<del> </del>	Remove
			☐ Change
			□Add
			Change

, , ,,	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ce date, if other than the date of filing:	7 (3)( s the
f the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.	!
Dated_	August 1, 2023	
	Gohana Bobrek Signoure of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Yohana Bobrek	

Typed or printed name of signee