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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: 45	ANDEN IS/C	2)6.116	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>Luis</u>	Granies Name of Person	
		Sen Isle Dr. LC	٠
		73 Text. Address	
		City/State and Zip Code	
	(rg ponti	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Cod	<del></del>
For further information cond	ts-man address. (	to be used for future annual report non	fication)
Luis Gont		at (776 · ) 724.12  Area Code Daytim	.34.
Name of Pe	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	etion	Street Address: Registration Sec	ction
Division of Cor		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-1.1.00

	10es 1561)1	<i>i</i>	
(Name of the Lim	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number		ed on 5/10/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability con	npany here:	<u>,</u>
basia apoor	PART N/A	•	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	luis Gran	1ie - N/4	<u>-</u>
New Registered Office Address:	1452 14	Enter r toriaa street aaaress	
	Miani	, Florida	23173.
	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
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		11462 SW# 731 fer. Mari, FZ 33173.	□Remove
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tive date, if other t	than the date of filing: (options	ai)
ffective date is listed, the	e date must be specific and cannot be prior to date of filing or more than 90 days after fili in this block does not meet the applicable statutory filing requirements, this day	ing.) Pursuant to 605.0
nent's effective date	on the Department of State's records.	ate will not be fistee
	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after t
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ord specifies a delayed iled.	2021. 2021.  Signature of a member quauthorized representative of a member	