121000228610

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
:		
	OCT 0 6 20	
	A. LUN	T

Office Use Only



500390854805

07/13/22+-01014--012 **30.00

COVER LETTER

TO:

I'O: Registration Se Division of Co			
SU&JU I			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yolanda Lalanc		
		Name of Person	-
	<u> </u>	Firm/Company	<u></u>
	2134 Lincoln St		
		Address	
	Hollywood Fl,33020		
		City/State and Zip Code	
	Elroitielinternational@gma		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	trincation)
Yolanda Lalane		772 267-9863	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED STARY OF STAR STARM OF CLASSING AS

SU & JU LLC

(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	were filed on 05/17/2021	and assigned
Florida document number L21000228610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 840252	
	PEMBROKE PINES, FL 33084	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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
AMBR	PENA, SUGEY	1301 N 74 TER. Hollywood , FL 33020	□ Add
			■Remove
			□ Change
AMBR	EDLIN M PENA	1301 N 74 TER. Hollywood , FL 33020	■Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			Remove
			Change

				— 1160.
			2797	- (0,5 7,5 7 1,5 (0,5 %)
<u> </u>				- 44/
				_
				<u></u>
		-		_
<u></u>				
				
				
				_ _
				
	<u> </u>			<u> </u>
S. Effective data if athomation to	ha data of Glima.		(antional)	
C. Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the app	olicable statutory filing requir	90 days after filing.) Pursuant to 6 rements, this date will not be b	605.0207 (3)(b isted as the
f the record specifies a delayed effect ecord is filed.	tive date, but not an effectiv	re time, at 12:01 a.m. on the e	earlier of: (b) The 90th day a	fter the
Dated		<u></u> .		
		TINCO		
	Signature of a member or a	uthorized representative of a me	mber	
JUAN F VARGAS				
HIANITVADCAC				

Typed or printed name of signee