67/000336976

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800397279898

11/08/22--01013--029 **25.00

SECRETARY OF STATES

COVER LETTER

TO:

Registration Section
Division of Corporations

L.A COI SUBJECT:	NVERTERS CORE BUYER,L	LC			•	
SUBJECT.	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	SAUL HERNANDES					
		Name of Person		-		
	L.A CONVERTERS CO	RE BUYER,LLC				
		Firm/Company		•	e, atus &	
	1115 19TH STREET					
		Address		•		
	ORANGE CITY, FL	32763		SECI	2022	
	SAULH3181@GMAIL.C	City/State and Zip Code OM		RETAIL	NOV -	
	_	(to be used for future annual report notif	fication)			
For further information	n concerning this matter, please o	all:			<u> </u>	
SAUL HERNANDES	3	386 624-8752		四层	: 03	
Name	e of Person		e Telephone Number			
Enclosed is a check for	r the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		
P.O. Box 6.	n Section Corporations	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe	porations allahassee	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

L.A CONVERTERS CORE BUYER,LLC			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appe ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000236976</u>	ny were filed on _	05/21/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	nere:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the	designation "LLC" or the	e 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)			2022 NOV -8 PH I
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter the n</u>	717
Name of New Registered Agent:	· · · · · ·		
New Registered Office Address:	Enter Flo	orida street uddress	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		

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 ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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	ANABEL CRISANTO	1115 19TH STREET	□Add
		ORANGE CITY, FL 32763	■Remove
			☐ Change
AMBR	BRANDI PICKREN	640 S BOUNDARY AVE	■Add
		DELAND, FL 32720	□Remove
			□Change
			SECRETALL AFIA
			P Change
			DAdd
			□Remove
			□Change
 			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

	ECF TAL
	VO 7.
	<u> </u>
	SO P
	THE THE
ctive date, if other than the date of filing:	odate of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applical iment's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed
mich y checure date on the population of state wiceside.	
ord specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	
NOVEMBER 4TH, 2022	
ed	
Signature of a member or author	