121000282696

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





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SECRETARY OF STATE

9/14202/

COVER LETTER

Division of Corp			
SURGECT: NO BULT	TO RECORDS, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ead
	<u> </u>	Name of Person	
	Proc	essing Department	
		Firm/Company	<u> </u>
	1	1450 Vassar St	
	-	Address	
		Reno, NV 89502	
		City/State and Zip Code	
		locs@incauthority.com	
For further information o	oncerning this matter, please c		incation)
For further information c	oncerting the matter, presse e		
	ing Department	at (800) 638-2320	
Name o	f Person	Area Code Daytin	ne Telephone 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 Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section	STREET/COUR Registration Secti	on
	on of Corporations ox 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2021 AUG 30 PM 2: 10 **OF**

SECRETARY OF STATE TALLAHASSEE, FLOR

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Page 1 of 3

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Ruben Perez	329 Sandy Oaks Cir Apt 304	Add
		Leesburg, FL 34748	Remove
			Change
MGR	Jacqueline Perez	329 Sandy Oaks Cir Apt 304	
		Leesburg, FL 34748	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
		Remove	
			Change
			Add
			Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an et Note:	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 17, 2621 Variet H. Porez Signature of a member or authorized representative of a member
	Varie 4. Porez
	Signature of a member or authorized representative of a member
	Xavier H Perez Typed or printed name of signee

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Filing Fee: \$15.00