LZ1000287596

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ORTSY ENTERPRISES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JACQUELINE RAMIREZ		
		Name of Person	-
		Firm/Company	
	4701 Distribution Ct Unit	1	
		Address	· · · · · · · · · · · · · · · · · · ·
	Orlando, FL 32822		
	GCUTZFINANCE@GMA	City/State and Zip Code IL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
RAUL GUTIERREZ B	AQUERO	786 319-7401	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for (the 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 Addre		Street Address: Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	nv as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L21000287596	Liability Company	were filed on $\frac{06/21/2}{}$	2021	and assigned
This amendment is submitted to amend the fol	lowing:			
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 Liabi	lity Company," the design	ation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4701 Distribution Ct	Unit 1 Orlando	o, FL 32822
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		P.O BOX	26015	FL 33026
(Mailing address MAY BE A POST OFFICE	(BOX)	PEMBRUILE	PIMES	FL 33026
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	ess here:	address on our recor	ds, <u>enter the l</u>	name of the new register
New Registered Office Address:	6070 W 18TH	AVE APT 306		122
		Enter Florida s	treet address	
	HIALEAH		. Florida	33012
		City		Zip Code

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
MGR	TALITA ENTERPRISES LLC	12163 SW 27TH STREET	
		MIRAMAR, FL 33025	Remove
			□ Change
AMBR	JACQUELINE RAMIREZ	13155 SW 7TH COURT	= Add
		#401	Remove
		PEMBROKE PINES, FL 33027	
			□Remove
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change □Add
			Remove
			□ Change

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ffective date, if other than th an effective date is listed, the date m	e date of filing:		(optional)	
an effective date is listed, the date mi ote: If the date inserted in this b				
ocument's effective date on the I				
record specifies a delayed effecti	ve date, but not an effective tir	me, at 12:01 a.m. on the ea		
is filed.			1	
JULY 19	2021			
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<i>(</i>)	a 1			~ `c
L	α \wedge			-12
	Signature of a member or autho	orized representative of a men	nber	— ;; - ;; ,

Filing Fee: \$25.00