

L21000294159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

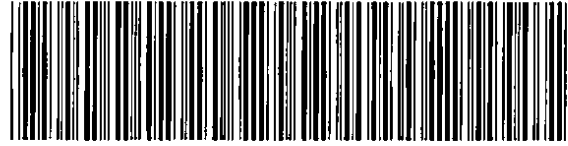
(Business Entity Name)

(Document Number)

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09/19/23--01017--023 **25.00

2023 SEP 19 PM 12:12

A. PARISHANI

OCT 01 2023

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: FLORIDA PROMISE LAND LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA PENA

Name of Person

TIME BUSINESS SERVICES LLC

Firm/Company

1721 BEAR BAY CV

Address

ORLANDO, FL 32824

City/State and Zip Code

patricia.timebusiness@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA PENA

407 346-8016

at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 SEP 19 PM 12:12

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

FLORIDA PROMISE LAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 SEP 19 PM 12:12

The Articles of Organization for this Limited Liability Company were filed on 06/20/2021 and assigned
Florida document number L21000294159

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: RUBEN G GALLO

New Registered Office Address: 25299 CADIZ DR

Enter Florida street address

PUNTA GORDA

City

Florida

33955

Zip Code

Now 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 Changing Registered Agent, Signature of New Registered Agent



amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

ABR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	BETANCUR SOTO, SOL M	38 SAINT ANDREWS CT	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ABR	GARCIA BETANCUR, JUAN F	9989 SHADOW CREEK DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

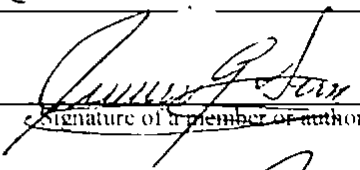
If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 SEP 10 PM 12:12

Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.

Dated 09-14-2023


Signature of a member or authorized representative of a member

Michael Galle
Typed or printed name of signee