## 121000297832

(Requestor's Name)  (Address)	500370487875		
(City/State/Zip/Phone #)  PICK-UP   WAIT   MAIL	07/30/2101020002 **30.00		
(Business Entity Name)	C		
(Document Number)  Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	ハII: 2tu		
Office Use Only			

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## **COVER LETTER**

TO: Registration Se Division of Cor		<b>y</b>	
La Chucha	110	<b>.</b>	
SUBJECT:		and the title Commence	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria Cervantes		
		Name of Person	<del></del>
	La Chucha LLC		
		Firm/Company	
	708 Wavecrest Dr		
		Address	<del></del>
	Orlando, FL 32807		٠.
		City/State and Zip Code	<u> </u>
	lachuchalle@gmail.com	to be used for future annual report notification	on)
For further information c	oncerning this matter, please c		•
Maria Cervantes		307 640-3067	>
	f Person	at ()	ephone Number
Name o	i rerson	Area Code Daytime Tes	ephone 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)
Mailing Address		Street Address: Registration Section	n
Registration ! Division of C		Division of Corpora	
P.O. Box 632	27	The Centre of Talla	
Tallahassec,	FL 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number 1.21000297832	Company were filed on $\frac{06/28/202}{2}$ .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	()
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new regi
		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	
		, Florida

## 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
Mgr	Lupe Cervantes	708 Wavecrest Drive	□Add
		Orlando, FL 32807	■Remove
			□Change
Mgr	Maria Cervantes	708 Wavecrest Drive	■Add
		Orlando, FL 32807	□Remove
		□Change ('૽)	
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n effective date is li ote: If the date in	other than the date sted, the date must be sp serted in this block do	ecific and cannot be process not meet the app	rior to date of filing o	r more than 90 days after	ional)	605.02 listed
ument's effectiv	e date on the Departn	nent of State's recor	ds.			
ecord specifies a is filed.	delayed effective date	, but not an effective	e time, at 12:01 a.i	n. on the earlier of: (	b) The 90th day a	ifter the
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