## L21000301733

(Re	equestor's Name)	<del></del>
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
<b>\-</b>		,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

7.1 V.

TO: Registration Se Division of Cor				
	KE BLVD, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mary Batista			
	Name of Person			
	<del></del>	Firm/Company		
	3309 NE 33 Street			
		Address		
	Fort Lauderdale, FL 33308	3		
	many batisties	City/State and Zip Code  Calpro Lom Taffae to be used for future annual report not	lecicida@gmail.com	
For further information c	E-mail address: ( oncerning this matter, please c		ification)	
Mary Batista		at ( <u>954</u> ) <u>557</u> -	4257	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Address		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 DEC -4 AM 8: 25

	FISKE BLVD, LLC	1 4 7 4 7	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears ( a Limited Embility Company)	mour reparte AHASSE	E.FLORIDA
The Articles of Organization for this Limited Liability C Florida document number <u>L210003017</u>		0130121	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the</u> name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	i street uddress	
	City	Florida 	ip Code

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 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
MGR	Mary Batista	3309 NE 33 Street, Fort Lauderdale FL 33308	<b>=</b> Add
			□Remove
			□Change
MGR	Raffaelo Ciciola	1233 South Atlantic Avenue #407	□Add
		Daytona Beach FL 32118	
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change

Typed or printed name of signee