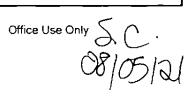
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJEG	("F·	Edis	Jun Castro	
SUBJE			ted Liability Company	
		amendment and fee(s) are sub-		
Please r	eturn all correspon	dence concerning this matter t	o the following:	
			Name of Person	
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		492	9 Sw 74 th Ci	<del></del>
			City/State and Zip Code	3)57
		Every a The E-mail address:	City/State and Zip Code  (Mech / Au) frm (Code to be used for future annual report notification)	Committeetion)
For furt	ther information ec	oncerning this matter, please ca	all:	
	MUX F	Person	at $305$ 444 Area Code Daytim	2484 # OD
Enclose	ed is a check for th	ne following amount:		
1 82	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy- (additional copy is enclosed)
			Damana & Addings ()	····.
	Mailing Addres Registration S		Street Address: Registration Se	
	Division of C	Corporations	Division of Cor The Centre of T	
	P.O. Box 632 Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edi:	Son Castro Do F	)CCC
(Name of the Limited Lia (A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 7 - 1 -	2 and assigned
This amendment is submitted to amend the following	g:	
A. 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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<del></del>
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, ere:	enter the name of the new registered
		> 1
Name of New Registered Agent:		7: 21
New Registered Office Address:	Enter Florida stree	
	Enter r torida stree	
_	City	, 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>	<u>Address</u>	Type of Action
	Edison Castro	14905 SW30 <sup>th</sup> 51 # 278361	□ Add
•		# 278361	□Remove
•		Mirguar Fl 33027	
			□Add
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 danger.  If the date inserted in this block does not meet the applicable statutory filing requirements.	(optional)  ays after filing.) Pursuant to one of this date with not be	605.0207 (3)(t listed as the
document's effective date on the Department of State's records.	1: 24	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie and is filed.	er of: (b) The 90th day a	fter the
Dated July 20, 2021  Max Patin Signature of a member or authorized representative of a member	<i>e 1</i> .	