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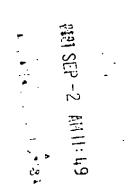
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Sertifical Series
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COVER LETTER

	tration S on of Co	ection rporations	•
SUBJECT:		вкотне	RS MORENO LLC ' ' * *
		Name of Li	mited Liability Company
The enclosed A	rticles of	Amendment and fee(s) are su	bmitted for filing.
Please return al	l correspo	ondence concerning this matter	r to the following:
			JUSTIN SCHAEFER
			Name of Person
		PARL	ADE, SCHAEFER, AND SCHORTZ
			Firm/Company
		59	75 SUNSET DRIVE, SUITE 802
		****	Address
			SOUTH MIAMI, FL 33143
			City/State and Zip Code
			COUNTING@PSSCPAS.COM
For further infor	mation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)
		-	aff:
		HAEFER	305 670 - 0400
	Name of	(Person	at (
Enclosed is a che	eck for th	e following amount:	
≘ \$25.00 Filin	g Fcc	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Address		Street Address:
	Registration Section Division of Corporations		Registration Section
	on of Co		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)	
07/15/2021	and assigned
<u>re</u> :	
signation "LLC" or the a	
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cords, <u>enter the na</u>	ne of the new regis
ida street address	
Florida	
, FIOTICA _	Zip Code
	o7/15/2021 re: signation "LLC" or the a

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

Title	Name	<u>Address</u>		Type of Action
AMBR	MARCUS MORENO	7083 NW 71 TERRACE		= Add
		PARKLAND, FL 33067		□Remove
		-	<u> </u>	Change
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				[]Remove
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ctive date, if other than the date of filing:	eta data efficiencia di con di	(optional)	
It the date inserted in this block does not meet the applications.	cable statutory filing requireme	nts, this date will n	ot be liste
ment's effective date on the Department of State's records	3.		
and an office and the state of			
ord specifies a delayed effective date, but not an effective t filed.	ime, at 12:01 a.m. on the earlie	rof: (b) The 90th	day after
4 8 1 26 2021			
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(fei)			
	orized representative of a member		

Filing Fee: \$25.00