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COVER LETTER

TO: Registration Se Division of Cor	rporations		
	A ENTERPRISES LLC	•	
30000CT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEANNIE MURPHY		
	-	Name of Person	
	MARING BOOKKEEPIN	G SERVICE, INC	
		Firm/Company	
	5795 ORANGE DRIVE		2077
		Address	2002 DEG
	DAVIE, FLORIDA 33314		. 20
		City/State and Zip Code	
	MARINGBKKG@AOL.CO		
		to be used for future annual report notification)	ည ျ
For further information of	concerning this matter, please c	all:	
JEANNIE MURPHY		954 792-5075 at ()	
Name o	of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, St	nite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{07}{1}$.		_ and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	origination "LLC" or the abbre	l l' noiteive	<u>(; ; ; </u>
	esignation EEC of the about	. Viation 13.13.	.с.
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		2012	
		23	••
	•	2 3.	
Enter new mailing address, if applicable:		Ö	
	· - · · · ·	:::	-
Mailing address MAY BE A POST OFFICE BOX)		٠	
	1 ·	<u> </u>	
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:		of the new	regi
Name of New Registered Agent:		.	
New Registered Office Address:	ida street address		
Enter Pior	માત્ર આ દુષ્ટા (તાલા છુક		
City	Florida	Zin 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 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	JOSE LORENZO	5900 S W 42ND PLACE #8	
		DAVIE, FLORIDA 33314	Remove
			Change
 -			□Add
			Remove
			Change 72 D Add
			20 Remove
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ective date, if other than the date of filing:	(optional)
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 605.020
te: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a s filed.	i.m. on the earlier of: (b) The 90th day after the
s filed.	
12/6	
ed	

Typed or printed name of signee