Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : I20130000095 Phone : (305)558-1685 : (305)558-4835 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMCHIC LLC

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A. LURT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IC LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear lability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	FORIDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company he	ere:	SECRE 11 OC 1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C." TANT
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	ecords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fil	orida street address	
		, Florida	
	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		1 tabl.
i was a manistrared again and ag	eroa to act in this	canacity. I further	agree to comply with the

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARICELA MOREJON	6858 NW 77TH CT	□ Abdd
<u> </u>		MIAMI, FL 33166	□Remove
			≡ Change
			Remove
			□ Change
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Effective di	ate, if other than the date	of fllin	g:			(option	nal)	m 605 €	0 20 1
(If an effective	date is listed, the date must be s	loes not t	meet the app	find Oro person.	ory filing req	irements, this	date will not b	e lister	d as
document's	effective date on the Depart	ment of S	State's recor	ds.					
	cifies a delayed effective dat		Cfrasir	a rima at 12:1	niam onth	e earlier of: (b)	The 90th da	y after	the
he record spe ord is filed.	cifies a delayed effective dat	e, but no	eriectiv	e mine, at 12.	J1 4.111. V.5 4.	· • • • • • • • • • • • • • • • • • • •			
	SEPTEMBER 30		2021						
Day 1			GA	1	$\overline{)}$				
Dated			1 11 11 1		/				
Dated	Sign	iature of a	a member or a	uthorized repre	escutative of a	memb o r		_	

Filing Fee: \$25.00