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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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COVER LETTER

	Registration 5 Division of Co			J.		
N		LA JOHN, ELC				
SUBJEC	.l:	Name of Lim	ited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	condence concerning this matter	to the following:			
			Name of Person			
		LFM ACCOUNTING SOI	.UTIONS, LLC			
			Firm/Company			
		8805 NW 111th Ave unit 2	203			
			Address			
		DORAL, FL 33178				
	City/State and Zip Code MALDONADOL@LFMACCOUNTIG.COM					
			to be used for future annual report notification)			
For furth	er information	concerning this matter, please c	all:			
LENNIS	M MALDON	ADO	786 218-3881			
	Name	of Person	at ()	e Number		
Enclosed	l is a check for	the following amount:				
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Address:			
	Registration Division of	Corporations	Registration Section Division of Corporation	S		
	PO Roy 63		The Centre of Tallahassa			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I Liability Company as it now appears on our recor V Florida Limited Liability Company)	'ds.)
bility Company were filed on Aug 24, 2021	and assigned
ving:	
he limited liability company here:	
rds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
ble:	
ADDRESS)	
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gistered office address on our records, <u>ente</u> <u>here</u> :	r the name of the new registe
Enter Florida street addre	ess
-	1
City , F	lorida Zip Code
t .	consistered office address on our records, ententer Florida street address. Enter Florida street address. Aug 24, 2021 Enter Florida street address.

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.

*DocuSign Envelope ID: 9D4E5584-D0FA-4415-8FAA-1A8CA4C03E8F 11 amenung Authorized rerson(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
AMBR	GABRIELA A JOHN	15019 SW 90TH TER	
		MIAMI, FL 33196	■Remove
			□Change
AMBR	GABRIELA A JOHN BOLIVAR	15019 SW 90TH TER	\equiv Add
		MIAMI, FL 33196	□ Remove
			□Change
			UŽ EPAdd SCFJ
			□Remove
			□ Change
			□Remove
	<u> </u>		□Add
			□Remove
			Change
			Remove
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Tective date, if other than the din effective date is listed, the date must bute: If the date inserted in this blocument's effective date on the Dep	c does not meet the applicable stat	(option filing or more than 90 days after fi utory filing requirements, this	ial) ling.) Pursuant to 605.020 date will not be listed a
ecord specifies a delayed effective of is filed.	late, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b)	The 90th day after the
SEPTEMBER 03	2021		
DocuSigned b			
Gabriela	gnature of a member or authorized rep		

Filing Fee: \$25.00