K21000387251

(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	





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COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration So Division of Co			
SUBJECT: ZE	- HUACIIC.		
SUBJECT: 20	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:	
	Rdando (2469	
		Name of Person	
		Firm/Company	
	5145 Mari		
	-	Address	
	St. Cloud,	FL 34771 City/State and Zip Code O15 O1Cloud. Code to be used for future annual report notions.	
	loadit.	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ification)
For further information of	concerning this matter, please co		
Rolando (clón		3620
Name (d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☑ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration !	Section	Registration Se	
Division of C P.O. Box 633		Division of Cor The Centre of T	
r.U. 150X 0.5.	. 1	rne Centre Of 1	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on	<u> </u>	_ and assigned
lity company here:		
ty Company," the designat	ion "LLC" or the abbr	rviation "L.L.C."
		-
<u>-</u>		
		• •
Enter Florida stre	ret address	•
	. Florida	<u>e</u>
City		Zip Code
		<i>i</i> 3
e to act in this capac	ity. I further agree aties, and I am fan	to comply with the
	ty Company," the designal ddress on our record Enter Florada stree City	ty Company here: ty Company," the designation "LLC" or the abbre ddress on our records, enter the name of Enter Florida street address

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
		- 	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
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<u></u>			□Add
			□Remove

	N. N
	-
	<u> </u>
Note:	tive date, if other than the date of filing:
ord is f	
Dated	9/12/2021 Palardo Colcio Polardo Colcio
	Jabrb Celic Signifiure of a member or authorized representative of a member
	$\mathcal{O}_{1,1,0,1}$
	<u>Anlando (olon</u> Typed or printed name of signee

Filing Fee: \$25.00