L21000389725

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	Ĭ
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Office Use Only



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12/28/21 YAS

COVER LETTER

TO: Registration Se Division of Cor			e e	
SUBJECT: HAS		nited Liability Company		
	Amendment and fee(s) are sub indence concerning this matter	-		
		Name of Person Signature MAS Firm/Company		
	•	Address AMI FL 3317 City/State and Zip Code © CONVICETO to be used for future annual report notice.	STORE TARY TAUL ALARY TAUL ALARY Inscription	
For further information e	oncerning this matter, please o	all: at (<u>786_)</u> 200	AH 10:	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	is:	Street Address		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/31/2021 Cand assigned Florida document number 121000389725.

The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
gent and/or the new registered office address here:	d office address on our records, enter the name of the new regis
gent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the name of the new regi</u> s
ngent and/or the new registered office address here:	d office address on our records, enter the name of the new regis
Name of New 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	\$ NONEZ, WILMA M.	3933 BISCAYNE BLUD	X Add
		MIAMI, FL, 33137	□Remove
			Change
MER LOPEZ, SOEL	LOPEZ, SOEL	3933 BISCAYNE BLUD	X Add
		MIAMI, FL, 33137	□Remove
			□Change
			□Add
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			□Change

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ective d	ate, if other than the date of filing: (optional)
reffective t e: If th	e 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	effective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
0	ECENDER 8th 2021
iea	TELEMBER O LOLL
-	Signature of a member or authorized representative of a member
	UILLALO BOS CORTES, SOSE J. Typed or printed name of signee

Filing Fee: \$25.00