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SECRETARY OF STATE
SALLARLY SERVICE

COVER LETTER

TO:

Registration Section
Division of Corporations

		•	
LACTEOS SUBJECT:	305		r
SOBJECT.	Name of Lin	nited Liability Company	- -
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
, , , , , , , , , , , , , , , , , , ,		to the following.	
	ISABEL GONZALEZ		
		Name of Person	
	LACTEOS 305, LLC		
		Firm/Company	
	02.50 DOMB - 1. 100.11		
	9350 FONTAINEBLEAU		
		Address	
	MIAMI, FL 33172		
		City/State and Zip Code	
	guarico305@gmail.com		
		to be used for future annual report not	afication)
For further information c	oncerning this matter, please of	all:	
Isabel Gonzalez		786 3707142	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of T	
Tallahassee, 1	L 32314		oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lacteos 305, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/16/2021	and assigned
Florida document number L21000409289		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
GUARICO 305, ELC		
he new name must be distinguishable and contain the words "Limited Lic	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		150 150
		CE 8 70
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		The same of the sa
		73 0
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	$\frac{in}{n} = i\infty$
gent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addre	SVS
	. F l	lorida
	City	Zip 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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
		- <u>-</u> -	□Remove
			2021 Change SEP 20 Add
			Add=
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ffective date, if other than the date an effective date is listed, the date must be splote: If the date inserted in this block document's effective date on the Department.	pecific and cannot be prio oes not meet the applic	cable statutory fili	more than 90 days after the requirements, this	iling.) Pur	suant to 60 not be lis	05.0207 (3)(b) sted as the
record specifies a delayed effective date 1 is filed.	:, but not an effective t	time, at 12:01 a.m	on the earlier of: (b)	The 90	th day aft	er the
Septemeber 17	. 2021	·				
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