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COVER LETTER

	istration Se sion of Cor					
OUD IN OR	TORRES I	PAUBLO LLC				
SUBJECT:		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:			
		PATRICIA LATORRE				
			Name of Person			
		NL ACCOUNTING & TA	AX SERVICES INC			
		 	Firm/Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		27 CHESTNUT CIRCLE		· · · · · · · · · · · · · · · · · · ·		
			Address	(a)		
		HOLLYWOOD, FL 3302	26	. <u></u>		
			City/State and Zip Code			
		PL@NLACCOUNTINGA		7		
For further in	formation c	oncerning this matter, please c	to be used for future annual report not all:	incation)		
PATRICIA	LATORRE		718 433-8737			
	Name o	f Person		ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling 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)		
	ling Addres		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations			Division of Co	Division of Corporations		
	D. Box 632		The Centre of			
Tal	lahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

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

TORKES PAUBLO LLC			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited L Florida document number L21000416817	.iability Company	were filed on SEPTEMBER 21, 2021	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREET ADDRESS)		3900 BISCAYNE BLVD, UNIT 514	
		MIAMI, FL 33137	
nter new mailing address, if applicable:		3900 BISCAYNE BLVD, UNIT 514	· · · ·
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33137	N
			;
3. If amending the registered agent and/or gent and/or the new registered office addre	O .	address on our records, <u>enter the nat</u>	ne of the new registe
Name of New Registered Agent:	NL ACCOUN	TING & TAX SERVICES INC	
New Registered Office Address:	27 CHESTNUT	CIRCLE	
		Enter Florida street address	
	HOLLYWOOI	. Florida 3	3026
		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
AMBR	LUIS A TORRES	3900 BISCAYNE BLVD, UNIT 514	
		MIAMI, FL 33137	□ Remove
			■Change
AMBR	MARIA PAUBLO	3900 BISCAYNE BLVD, UNIT 514	≣ Add
		MIAMI, FL 33137	□Remove
			Change
AMBR	FLORENCIA I TORRES	3900 BISCAYNE BLVD, UNIT 514	Add
		MIAMI, FL 33137	; □Rēmove
			□ Change
AMBR	MARIA TORRES	3900 BISCAYNE BLVD, UNIT 514	■Add
		MIAMI, FL 33137	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change

			
			
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	£ GV- ···	(optional)	
ective date, if other than the date of a effective date is listed, the date must be spete: If the date inserted in this block document's effective date on the Department	rific and cannot be prior to care or as not meet the applicable stat	filling or more than 90 days after filing.) P	ursuant to 605.0 Il not be listed
cument s'effective date off the Departm	Alt of date 5 totals.		
ecord specifies a delayed effective date, is filed.	but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The	90th day after
DECEMBER 8.	2022		
ated	'/ 		

Typed or printed name of signee