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COVER LETTER

TO:

TO: Registration Se Division of Cor			
CURLECT. TA	ERVAŁ LL	· <i>c</i>	
SUBJECT:	ERVAL LL Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RENE	LEGUAIZO S Name of Person	æ
		Name of Person	
		Firm/Company	
	4855	Sin 93 cT Address	
	M, A	MI FLURIDA 3: City/State and Zip Code 1 LEONA120 G	3165
		City/State and Zip Code	Dewyl Gory
	RENE F-mail address: (JLEOWAI20 / G to be used for future annual report not	iffication)
For further information co	oncerning this matter, please c	•	·
RENE	LEWWARD SE	at (305) 43. Area Code Daytin	11831
Name of	i Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
	☐ \$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 Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, f	°L 32314		pe Street, Suite 810
		Tallahassee, Fl	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, , , , , , , , , , , , , , , , , , , ,	4L ZZC	pars on our records)	
	d Liability Company as it now app A Florida Limited Liability Company		
The Articles of Organization for this Limited Lia	bility Company were filed on	9/23/2021	and assigned
Florida document number	421006		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." th	e designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	<u> "ADDRESS)</u>		
			<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	(OX)		
			, ;
3. If amending the registered agent and/or re agent and/or the new registered office address		r records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	RENE LEO		
New Registered Office Address:	4855 SW9	13ct	
	Enter F	lorida street address	
	Mi sai i	, Florida _ <u>3</u>	3165
	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.

f 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
MGR	RENE LEOUARISE	1855 SW 93 CT HIAH FE 33165	<u>* </u> ∑ Add
			□Remove
			□Change
AMBR	JAVIER GILAUD	11350 SW98ST MIAMI FZ 33	<i>174</i> ⊡Add
			Remove
			□Change
AMBE	RENC S, LEUNAND Ja	4855 SW 932T AMMITE	33165 SAdd
			CRemove
			; □Change
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effectiv <u>e:</u> If tl	date, if other than the date we date is listed, the date must be sp he date inserted in this block do 's effective date on the Departr	pecific and cannot be prio oes not meet the applic	cable statutory filing	re than 90 days after fil	ing.) Pursuant to 605.02
ord sp filed.	pecifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
d	MARCH 23	, 2023	• —		
	又	exé Leor	IARD SK		

Typed or printed name of signee