## LZI 000442119

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	PRESS LLC .	, ,	· 1	
SUBJECT:	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:		
	WALTER ENRIQUE MO	RENO CORONADO		
		Name of Person		
		Firm/Company		
	3940 TOWNSHIP SQUAI	REBULEVAR APTO 1124		
	<u> </u>	Address		전유 In In In
	ORLANDO, FLORIDA	32837		
		City/State and Zip Code	<del></del>	
	wemorc75@gmail.com			, V
	E-mail address: (	to be used for future annual report not	itication)	71) - 1
For further information c	oncerning this matter, please c	all:		
WALTER MORENO		4073642775 at ( )		
Name o	f Person	Area Code Daytin	ne Telephone Number	_
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of C	orporations	Division of Co.	rporations	
P.O. Box 632		The Centre of	Fallahassee be Street, Suite 810	
Tallahassee, l	PL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

agent and/or the new registered office address here:

	City	Florida
New Registered Office Address:	Enter Florida street ad	dress
Name of New Registered Agent:		<del>-</del> .

## 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>	<u>Address</u>	Type of Action
AMBR	POLO SARMIENTO ANGELA T.	3940 TOWNSHIP SQUARE BULEVAR APTO 11	24 □Add
		ORLANDO. FLORIDA. 32837	≣Remove
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be price does not meet the appl	icable statutory filir		iling.) Pursuant to 60.
cord specifies a delayed effective d filed.	ate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte
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ed	Walter Mo	remo Coron		

Filing Fee: \$25.00