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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: <u>VVHU</u>	re polish		•
sommer. <u>Wyrry</u>	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	_Amaia Su	rez	
		Name of Person	
		Firm/Company	
			
	3125v10H	1+en	
	Hallanda	SUMCZ 1996@ g to be used for future annual report not	
	E-mail address:	SULVEZ 1996@ 9 to be used for future annual report now	Mail fication)
For further information con	cerning this matter, please c		,
Amaia 5	Marez.	11/205 \ UAG 7	1169
Name of P	Person	at (<u>305</u>) <u>409</u> 2 Area Code Daytime	e Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	

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

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

FILED

VVITUC PONS	Liability Company as A Florida Limited Liabili	it now appears on our	2022 MAR 14	
The Articles of Organization for this Limited Liab	bility Company were	e filed on	SECRETARY 21/24/AHAS	OF STATE OE and assigned
Florida document number <u>LZ1000 441</u>	<u> 4999</u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	ompany," the designation	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> 2x)</u>			
	_			
B. If amending the registered agent and/or reg agent and/or the new registered office address i	istered office addre <u>here</u> :	ess on our records,	enter the name	of the new registered
Name of New Registered Agent:	Amaia	Sugrez		
New Registered Office Address:	312-5111	OM + CIG Enter Florida street	CC address	
	Hallanda		_, Florida <u>2</u> 3	Zio Code
Non-Bogistared Agent's Signature if sharring the		··· ··		mp Coue

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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ffect	ive date, if other than the date of filing:
an cff	ive date, if other than the date of filing: (optional) ective 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 605.02. If the date inverted in this blook does not most the applicable approach.
ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Signature of anomber or authorized representative of a member Amaia Source Typed or printed name of signee