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COVER LETTER

	Registration' Sec Division of Corp			
	Viviana Mon			
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		Viviana Montesino Garcia		
			Name of Person	
		Viviana Montesino LLC		
			Firm/Company	<u> </u>
		4960 Royal Ct S		
			Address	
		West Palm Beach, FL 3341	5	
			City/State and Zip Code	
		vivi.montesino@gmail.com	to be used for future annual report notif	iention
				teation)
For furthe	er information co	neerning this matter, please co	all:	
Viviana N	Montesino Garcia		564 7299316 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for the	following amount:		
≅ \$25.0	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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 22 AM 2: 29

Viviana Montesino LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORE The Articles of Organization for this Limited Liability Company were filed on 10/15/2021 and assigned Florida document number L21000450975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

___, Florida ___

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>	Name	Address	Type of Action
			
			Петоче
			□Change
			□Add
			□Remove
			☐Change
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			□Remove
			□Change
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			□Remove
			Change
			Change
			□Remove
			□Change

	hen I created the LLC, I mistakenly added my tittle as President. I need this to be updated to Member
_	
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 -	
ective a	date, if other than the date of filing:
effectiv <u>e:</u> If th	e 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, no date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
ument`:	s effective date on the Department of State's records.
ord spe filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
v.1	•
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ed	Musers
ed	Signature of a member or authorized representative of a member

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