

JUL/18/2022/MON 04:03 PM

FAX No.

P. 001

7/18/22, 11:03 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220002429103ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS SOLUTIONS & ACCOUNTING LLC  
Account Number : I20210000168  
Phone : (407)203-8576  
Fax Number : (407)203-8576

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NEGRON BIRROTT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 JUL 19 PM 4:20

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Corporate Filing Menu

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K. SALY

JUL 19 2022

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2022 JUL 18 PM 4:12  
RECEIVED  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEGRON BIRROTT LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Romer

\_\_\_\_\_  
Name of Person

Business Solutions & Accounting LLC

\_\_\_\_\_  
Firm/Company

8810 Commodity Cir Suite 16

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

info@bsaflorida.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Romer

321 2174269  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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:**

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

**Street Address:**

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**

NEGRON BIRROTT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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**FILED**  
2022 JUL 18 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/2021 and assigned  
Florida document number L21000453259.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

404 STERLING LAKE DR

OCOE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

404 STERLING LAKE DR

OCOE, FL 34761

**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*

\_\_\_\_\_, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID JOSE	404 STERLING LAKE DR	<input type="checkbox"/> Add
	Pegron Romero	OCOE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IVONNE ALEJANDRA	404 STERLING LAKE DR	<input type="checkbox"/> Add
	Birrott Merchan	OCOE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Hello we are submitting an amendment for change of address again, since the original changes was done online and the amendment documents were not uploaded to the Document Images in Sunbiz. Please upload documents of this change of address to Sunbiz. Thank you

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TALLAHASSEE, FLORIDA

FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 07/18, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DAVID JOSE NEGRON ROMERO

\_\_\_\_\_  
Typed or printed name of signer