L21000491798

(Requestor's Name)
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300438740123

10/29/24--01088--008 **45.75



COVER LETTER

TO: Registration Section Division of Corpo			
FDNA TA	ALAVERA LLC		
SUBJECT: LDINA 17		nited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond			
rease return an correspond	chee concerning this marter	to the following.	
	KC CALDWELL		
		Name of Person	•
	CALDWELL AND	COMPANY ACCOUNTIN	IG
		Firm/Company	
	7501 NW 4TH S	TREET, STE 112	
		Address	
	PLANTATION, FL	33317	
		City/State and Zip Code	<u></u>
	KC@KCCALDWEL	LCPA.COM to be used for future annual report notif	
			watton)
For further information conc	cerning this matter, please c	all:	
KC CALDWELL, (CPA	at (954) 585-221	· · · · · · · · · · · · · · · · · · ·
Name of Pe	erson	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	(X \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec	ction	Registration Sec	
Division of Cor	porations	Division of Corp	
P.O. Box 6327	22214	The Centre of T	
Tallahassee, FL	34314	Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDNA TALAVERA LLC			,
(Name of the Limited Liability (A Florida Li	Company as imited Liabili	it now appears on our re ty Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000491798</u>	mpany were	filed on 11/16/20	21 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability	company here:	
EDNA TALAVERA TORRES LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Co	mpany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	N/A	
(Principal office address MUST BE A STREET ADDRE.	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	N/A	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office addre	ess on our records, <u>er</u>	ter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street aa	Marie
	Enter Flortad Meet address		
		City	, Florida
		,	24
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent am provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to nplete perfe nt as provi	ormance of my duties ded for in Chapter 6	e, and I am familiar with and 15, F.S. Or, if this document is
	N/A	2	or of New Pagistered Agent
· · · · · · · · · · · · · · · · · · ·	11 Changing	kegistereo Agent, <u>Signati</u>	ire 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>	Name	Address	Type of Action
	N/A	N/A	
			□Remove
			□Change
			□Remove
			Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			☐ Change
	<u></u>		DAdd
			□Remove
			€JChange

	N/A
Effect	ive date, if other than the date of filing: 12/04/2024 (optional)
lf an ef	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
е гесо	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
rd is fi	led.
Dated	<u>DECEMBER 04 2024 </u>
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00



November 19, 2024

KC CALDWELL 7501 NW 4TH STREET PLANTATION, FL 33317

SUBJECT: EDNA TALAVERA, LLC Ref. Number: L21000491798

We have received your document for EDNA TALAVERA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 524A00025316

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