## KRICCC 504100

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
Q. 8	SILAS	
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

ΓO: Registration Se Division of Cor			
	acheco Engineering LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive, Suit	e 103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report n	otification)
For further information c	oncerning this matter, please ca	•	,
Jenny Countz		844 493-6249	
Name o	d Person	at ()	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	Santina.
Registration S Division of C		Registration S Division of C	
P.O. Box 6327		The Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-
ssigned
L.L.C.

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 Manuel Pacheco	Manuel Pacheco	501 NW 57th Ave	□Add
		50	□Remove
		Miami, F1, 33126	<b>≡</b> Change
MGR Manuel Pacheco	Manuel Pacheco	501 NW 57th Ave	■Add
		50	
		Miami, FL 33126	□ Change
			□Add
			<b></b>
			□Change
			□Add
			□Remove
		•••	□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

-	
7*****	
<del></del>	
	<del></del>
Effective date, if other	r than the date of filing:
(If an effective date is listed.  Note: If the date inserte	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	te on the Department of State's records.
the record specifies a delay	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is filed.	
	2022
Dated	. 2022
_/s/ Manue	I Pacheco
	Signature of a member or authorized representative of a member
Manuel Pach	ueco
	Typed or printed name of signee