## LZI 000534438

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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FILED
2022 HAR 31 PM 6: 36
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 4 2022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CUDICCT.	FOUR LANES	ENTERPRISES LLC	•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	
	HOUSTON, TX 77064		
	City/State and Zip Code		
	EFILE1234@INCFILE.CO		
		to be used for future annual report n	othication)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		1 888-462-3 at ()	3453
Name o	f Person	Area Code Days	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy taidinonal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration :	
Division of C		Division of C	
P.O. Box 632	7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TO **OF**

2022 MAR 31 PM 6: 36

	NES ENTERPRISES LLC  ty Company as it now appears on of Limited Liability Company)	SECRETARY OF ST	ATE FL
The Articles of Organization for this Limited Liability C Florida document number 1.21000534438	ompany were filed on 12/21/20		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ution "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			<u>.</u>
(Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida st	reet address	<del></del>
		. Florida	
	City	, Florida 	o 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jeancarlos Salazar	6075 E 4th Ave	□Add
		Hialeah, FL 33013	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
	•		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	nation, enter change(s) here: (Attach additional sheets, )	
***		
(11 an effective date is fisted, the date r	he date of filing:  nust be specific and cannot be prior to date of filing or more than 90 da block does not meet the applicable statutory filing requirement Department of State's records.	iys after filing.) Pursuant to 605.0207
ne record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated March, 23	. 2022	
1	Manue Redoma Signature of a member or authorized representative of a member	
	·	
<del></del>	Mauricio Ledesma  Typed or printed name of signee	

Filing Fee: \$25.00