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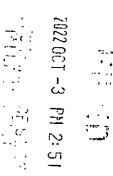
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## **COVER LETTER**

TO: Registration Se Division of Cor			×
SUBJECT:	Norta's Bol Name of Lim	Lausar Flaup Lited Liability Company	est LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marla Woodla's	Name of Person  Firm/Company	ipist LC
	6985 w	16 Dy Address	
	Hicken machadaha F-mail address:	City/State and Zip Code to be used for future annual report noti	ication)
For further information c	oncerning this matter, please c	all:	
Name o	Model Acus	Area Code Daytim	C Telephone Number
Enclosed is a check for the	ne 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 Addres	· g •	Street Address:	

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

Karlo's Re	Ergaral Promon	
(Name of the Limited Li (A F	ability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili		$\frac{27}{202}$ and assigned
Florida document number <u>L220000 499</u>	<u> </u>	
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	····
	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		···
New Registered Office Address:	Enter Florida st	reat address
	Ther I will Si	
_	City	, Florida 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

Title	Name	Address	Type of Action
AMBR	Karla Hacharlo Acamada	100 100 100 Hialeah	□Add
		FL 33014	□Remove
			\$\foralle{\mathbb{Z}}\text{Change}
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an effecti ote: If t	date, if other than the date of filing:
is filed.	
ated	19/26 2022.
	Signature of a member or authorized representative of a member
	KARLA MAChado Acevedo