## L22 0000 49943

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



200382151722

02/28/22 -01024 -028 \*\*25.00

2021 FEB 28 AM 10: 55
SECRETARY OF STATE

A. BUTLER MAR - 8 2022

## **COVER LETTER**

TO: Registration Se Division of Cor		. 4	
SUBJECT:	Name of Lim	93 LLC ited Liability Company	<b>7</b>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Oberto Zamora Name of Person	Silvers
		-avi - 593, LLC Firm/Company	
	2174	WE 170 th St Address	Apt: 108
	R Zarr	City/State and Zip Code  Nove, Silvers & June 1  to be used for future annual report notion	3316Z
For further information co	oncerning this matter, please ca		
Roberto	Zavrora Silve	at () <del>786-</del> Area Code Daytim	823-5161 e Telephone Number
Enclosed is a check for th	e following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	

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

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

FILED

2021 FEB 28 AM 10: 55

	411 ftv 22
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records FCRE TARY OF STATE (Ideal Company) TALLAHASSEE, FL
(11 NACH 5.11)	ALLAHASSEE, FI
The Articles of Organization for this Limited Liability Comp	pany were filed on Savony 28, 2022 and assigned
Florida document number <u>L2200049943</u> .	,
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 ADDRES.	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, <u>enter the name of the new registere</u>
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 Ag	<u>ent:</u>
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
MGR	Roberto Zamosa Silvers	. 2174 Ne 170 " St Apt: 108	_ DAdd
			□Remove
	,		□ Change
AMBR	Roberto Zamora Sivers	2174 Le 170 "St Apt 108	ZAdd
			🗆 Remove
			□Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Changa

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
<u>Note:</u> 11	tive date, if other than the date of filing:
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 d.
Dated _	February 22 2022
	Signature of a member or authorized representative of a member
	Roberto Zamora Silvers

Filing Fee: \$25.00