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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 1 2022

COVER LETTER

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SUBJEC'	T:	Name of Limi	ted Liability Company	
		RAYSA D ESPINAL		
		Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: RAYSA D ESPINAL. Name of Person Firm/Company 8751 Commodity Cir. Suite 12 Address Orlando FL 32819 City/State and Zip Code Raysa@4espinal@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter. please call: ESPINAL. 181 2990677 Area Code Daytine Telephone Number a check for the following amount:		
			c(s) are submitted for filing. this matter to the following: PINAL. Name of Person	
		8751 Commodity Cir. Suite	: 12	me Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy
			Address	
		Orlando FL 32819	d fee(s) are submitted for filing. aing this matter to the following: ESPINAL. Name of Person Firm/Company modity Cir. Suite 12 Address . 32819 City/State and Zip Code inal@gmail.com E-mail address: (to be used for future annual report notification) matter. please call: at (
			City/State and Zip Code	
			ndment and fee(s) are submitted for filing. ee concerning this matter to the following: RAYSA D ESPINAL. Name of Person Firm/Company 3751 Commodity Cir. Suite 12 Address Orlando FL 32819 City/State and Zip Code aysa04espinal@gmail.com E-mail address: (to be used for future annual report notification) rating this matter, please call: at (781 / Area Code) Daytime Telephone Number Howing amount: 2 \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &	
		E-mail address: (t	o be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	ıll:	
RAYSA:	D ESPINAL		. /	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

2022 APR -7 AH 7: 08

	THETIC LLC	SECRETARY OF	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appea Liability Company)	ars on dight Edeorths/1888 E	ŢFL
The Articles of Organization for this Limited Liability Company	were filed on $\frac{0}{2}$	2/04/2022	and assigned
Florida document number 1.22000060879			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2000 Royal Ba	y BLVD #130	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL	34746	_
Enter new mailing address, if applicable:	2000 Royal Bay	y BLVD #130	
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL	34746	
			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, <u>enter the name</u>	e of the new registere
	·····		
New Registered Office Address:	Ent of El	rida street address	·
	vner Ploi		
	City	Florida	Zip Code
	` ,		гар Соае

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAYSA D ESPINAL	2000 Royal Bay BLVD #130	≣Add
		Kissimmee, FL 34746	□Remove
			☐ Change
AMBR	RAYSA D ESPINAL	2000 Royal Bay BLVD #130	■Add
		Kissimmee, FL 34746	Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the reffective date is listed, the date must te: If the date inserted in this blooment's effective date on the Do	be specific and cannot be p ck does not meet the app	olicable statutory filing	(optiona re than 90 days after fili requirements, this da	ne 3 Pursuant to 605 0203
cord specifies a delayed effective s filed.	date, but not an effectiv	re time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ed March 24	2022			
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• • •	ignature of a member or a	umorized representative c	1 a member	