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T. MATTHEWS MAR - 4 2022

## COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	HILDA G.	TOLENTINO U	ic ,
SUBJECT.	(_ Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	HILDA	Gi. TOLENTIN	10 TIRADO
		Firm Company	
	988 N	JORTHSHORE CT.	
		Address	<del></del>
	CASSE	IBCARY, FL 32	707
		City/State and Zip Code	
_	HGTTRI	EALTOR @ GMAN	L.COM
			ication)
For further information conc	erning this matter, please call	<b>l</b> :	
HILDA G TO	LENTINO TIRACO	0 at (407) 620	-724-5
Name of Per	rson	Area Code Daytime	Telephone Number ,
Enclosed is a check for the fo	ollowing 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:		Street Address:	
Registration Sec		Registration Sec	
Division of Corp P.O. Box 6327	orations	Division of Corp The Centre of T	
Tallahassee, FL.	32314		: Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it A Florida Limited Liability			<u> </u>
The Articles of Organization for this Limited Lic Florida document number <u>L 22-0000</u>		iled on _	2/7/2	222 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability co	<u>mpany l</u>	<u>iere</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Cor	npany," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	'ADDRESS)			<del>-</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	9	s on our	records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	HILDA C	i To	DLENTINO	TIRADO
Name of New Registered Agent: New Registered Office Address:	HILDA C		OLENTINO  orida street address	TIRADO
	HILDA C			

New Registered Agent's Signature, it 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<sub>1</sub> AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address			Type of Action
MGR	HILDA G	TOLENTINO TIPA	00 B	BB NORTHSHORE	<u>a</u>	□Add
			CAS	SciBerry, FL	<u>32707</u>	Remove
						Change?
						□Remove
		<del></del>				
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(If an off <u>Note:</u>	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor- cord is fil	d 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 ed.
Dated	FEBRUARY 21 2022
	Signature of a member or authorized representative of a member
	HUDA G TOLENDE UPANO Typed or printed name of signee