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(Re	questor's Name)	
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SECRETARY OF STATE
TAIL ANA SSEE FI

COVER LETTER

TO: Registration Se Division of Cor				
•	Lac Na	.: 110		
SUBJECT:	LOS Me	ited Liability Company		
	Name of Island	near Embliny Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	[Sryan Mejan Name of Person		
		S Meya LLC Firm/Company	<u> </u>	
		2 Clear Run Address		
	O(alo	Eity/State and Zip Code		
			<i>a</i>	202 SE
	E-mail address. (entical (2E) gracil. (to be used for future annual report notific	cation)	22 OCT
For further information e	concerning this matter, please co		Анд	E P. 2022 OCT -6 SECRETARY
Bryan	Mejia	at (352) 530 Area Code Daytime	9053	TARY OF STATE
Name o	of Person	Area Code Daytime	Telephone Number -	ME :4
Enclosed is a check for the	he 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 Certificate of Certified Co (additional cop	of Status & opy
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	tion	
Division of C	Corporations	Division of Corp	orations	
P.O. Box 632	27	The Centre of Ta	Hahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12200074305.	y were filed on $02-14\cdot 2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	
	022 OCT -
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
	address on our records, enter the name of the new registered
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 Agent	•

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 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>	<u>Address</u>	Type of Action
MER	VESSICA Farandez Leiva	2 Clean Run	□Add
		Ocula, FL	(ŽRemove
	middle nowe	34472	□Change
AMBR	Jonathan Josce Tast nort-> Wesia	2 Clear Run	
	rust nort-> Hesia	Ocala FL	Remove
		34472	□Change
			Add Remove L. Line 1022 001 - 6 10 H 1: 10 SECRE ARY OF STATE SECRE ARY OF STATE
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 e: If the date inserted in this block does not meet the applicable statutory filing requiren ument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earls filed.	lier of: (b) The 90	ith day aft	ter th
ed CC+Ober 3, 2012. Signature of a momber or authorized representative of a memb			
Signature of a momber or authorized representative of a memb	er		

INTERNATION CONTRACTOR