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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

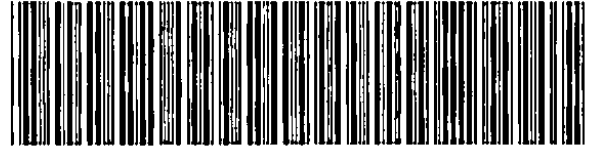
(Business Entity Name)

(Document Number)

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FILED
2022 NOV 28 AM 8:00
CLERK OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: LYNXSTAR LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA ALCOBENDAS
Name of Person

Firm/Company

230 NE 4th STREET, UNIT 2416
Address

MIAMI, FL, 33132
City/State and Zip Code

EVALCOBENDAS @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVA ALCOBENDAS at (+1) 786 397 1551
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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

TO
ARTICLES OF ORGANIZATION
OF

LYNXSTAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2022 and assigned Florida document number L22000077349.

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 ADDRESS)

230 NE 4th Street, 2416

MIAMI, FL, 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

230 NE 4th Street

MIAMI, FL, 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EVA ALLORENDAS

New Registered Office Address:

230 NE 4th Street, Unit 2416

Enter Florida street address

MIAMI

City

Florida

33132

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	EVA GARZA	90 SW 3rd St PHU	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE ALL ADDRESSES INCLUDING PRINCIPAL
ADDRESS TO: 230 NE 4th St, UNIT 2416, MIAMI, FL 33132

ALSO, ON SUNBITZ.ORG IT SAYS EIN NUMBER NONE
I DO HAVE A EIN NUMBER. PERHAPS THIS NEEDS TO
BE UPDATED TO: 32-0688936


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (2)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 11/25/2022



Signature of a member or authorized representative of a member

EVA ALLORE-WDAS

Typed or printed name of signer