L22000094405

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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SUBJECT:	Niria Torm	ey PLLC	ત	• •	•			
SUBJECT.		Name of Lim	ited Liability Company					
The enclosed	d Anicles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		Niria Tormey						
			Name of Person					
			Firm/Company			202		
		9320 NW 17 Street	, -		3 (C) (T) (S)	2022 MAR 14		
			Address	· · · · · ·				
		Plantation, FL 33322	(2) (2)					
		niriatormey@gmail.com	City/State and Zip Code			31		
For further i	nformation c	E-mail address: (oncerning this matter, please co	to be used for future annual i	report notification)				
	Torm			333-57 22				
1441		f Person	Area Code	Daytime Telepho	one Number	-		
Enclosed is	a check for th	ne following amount:						
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &		
	uling Addres		<u>Street Ad</u> Registra	Idress: ation Section				
Di		Corporations	Division	n of Corporationtre of Tallahas				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Niria Tormey PLIC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Colorida document number L22000094405	Company were filed on 02/18/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Siria Tormey LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		2022
nter new mailing address, if applicable:		
		₩. .
Mailing address MAY BE A POST OFFICE BOX)		
		mo d
		一
. If amending the registered agent and/or registere gent and/or the new registered office address here:		nter the name of the new registe
cin and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
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			☐ Change
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an effective dat	e, if other than te is listed, the date ate inserted in th	must be specific	e and cannot	he prior to de applicable	ite of filing of statutory f	or more than tiling require	90 days afte	er filling.) P	ursuant till not b	io 605.020 e listed a
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	ies a delayed affi	ective date, but	not an effe	ective time.	at 12:01 a.	m on the e	arlier of (h) The G	90th day	zafter the
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