## LZZ000 112999

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



500384591165

**MECENATO** 

MAR 2 8 2327

03/23/22--01010--025 \*\*25.00

22 MAR 28 PM 3:16

SECRETARY OF STATE STATISTION OF CORPORATIONS

T. MATTHEWS APR 11 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: CE	Name of Lim	ited Liability 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:	
	Denise A	Curizalez Name of Person	
		Firm/Company	
	10000 Ian	Address	<del></del>
	orlando	FU 32825 City/State and Zip Code	
	Denise9880 Chail address: (	Cinco Com no be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
Name o	MOZALEZ F Person	at (203) 301 - 3 Area Code Daytim	5494 e Telephone Number
Enclosed is a check for the	ne 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAR 28 PM 3 16

(Name of the Limited Liability Compa (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 <u>L2200112999</u> .	were filed on 314 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida

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
AP	Carlos J Vargus Je	1794 Club CT OxXXXX FU37	<u>[\$C</u> ]□Add
			DRemove
			□Change
AP	Denis A Gumalez	10000 Ian St orlando FL	Ď <b>l</b> Add
		37875	□ Remove
			Change
			🗆 Add
			□Remove
			Change
<del></del>			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			Remove
			□Change

	<del></del>	<del> </del>					<del> </del>	
	<u>,</u>		· · · ·					
			<u> </u>					_
						······································	<del></del>	<del></del>
		<u> </u>	<u>-</u>					
							·	
					<del></del>			_
					·			_
-					· <u></u>			
		_ · <u>- · · · · · · · · · · · · · · · · · </u>			<del></del>	<del></del>	<del></del>	<del></del>
	··· -					<del></del>		
fective d	ate, if other tha	n the date of	filing:			(optio	onal)	
ote: If the	date is listed, the date inserted in	this block does	not meet the	applicable sta				
cument's	effective date on	the Departmen	it of State's re	ecords.				
ecord spe	cifies a delayed e	ffective date bu	ut not an effe	ctive time at i	12:01 am ont)	ne earlier of: (b)	The 90th days	after the
is filed.					2.01 0		, The John day C	
	0.001	<b>7</b> . t	0					
ited <u>[Y )</u>	arch, a Denix Denise	<u> </u>		<u> </u>				
(	Denix.	Guner	ری					
•		Signature	of a member of	or authorized re	presentative of a	member		-