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(Re	equestor's Name)	
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PICK-UP	■ WAIT	MAIL
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00)	Siless Entity Name)
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Certified Copies	_ Certificates or	f Status
Special Instructions to	Filing Officer:	
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2022 JUN -7 AH 9: 25
SECRETARY OF STATEMENT OF STATEMENT



COVER LETTER

ro:

TO: Registration Division of C	s Section Corporations	
	t Lauderdale, LLC	•
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	Jose Marrero. Esq.	
		Name of Person
	Jose Marrero, P.A.	
		Firm/Company
	2937 S.W. 27 Avenue, No	. 104
		Address
	Coconut Grove, FL 33133	
		City/State and Zip Code
	jose@marrerolaw.com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please c	· · · · · · · · · · · · · · · · · · ·
Jose Marrero, Esq.		305 846-9831 at ()
Nan	ne of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	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 OF

FILED

811 Fort Lauderdale, LLC

2022 JUN -7 AM 9: 25

(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our l Liability Company)	TALLAHASSEE, FILE
The Articles of Organization for this Limited L Florida document number L22000114060	Liability Compan	y were filed on March 7, 20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	G	address on our records, g	enter the name of the new regi
New Registered Office Address:			
new negisiered Office Address.		Enter Florida street	address
			, 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 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
MGR	Marcelo Gonzalez	65 Hendricks Isle	= Add
		No. 7	Remove
		Fort Lauderdael, FL 33301	□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			□ Change

N/A	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Note: If the date inserted in	an the date of filing:
e record specifies a delayed or rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
Dated	
	Signature of a member or authorized representative of a member

Typed or printed name of signee