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OINISION OF CORPORATIONS
22 MAY 24 AM 10x 17

T. MATTHEWS
JUL 2 8 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	limited R	ted Liability Company	ices, LLC
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Om a	S Renter	α
	Unlimi	ted Rooting	services, ccc
	2935	NW 1 St	
	Pompos	City/State and Zip Code  City/State and Zip Code  Mar a Y mail Co  o be used for future annual report noti	23069
	Renterico.	mar @ y mail. Co o be used for future annual report noti	ication)
For further information co	oncerning this matter, please ca		
Omar Name of	Person	at ( <u>954</u> ) <u>729 -</u> Area Code Daytim	7737 e Telephone Number
Enclosed is a check for th	e 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 OF STATE OF STA

22 MAY 24 AM ID: 17

(Name of the Limited Liability of (A Florida I.i	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L220001154</u>	mpany were filed on $\frac{3/7/22}{68}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>(SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office 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
<del></del>	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>	Address	Type of Action
M6R	Omar Renteria	2935 NW 1 St Pompano Bin F1,33069	🗹 🗹 Add
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
f the recor ecord is fi	d 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 led.
Dated	5/19/2022
	An I
	Signature of a member or authorized representative of a member
	Omar Renteria Typed or printed name of signee