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(Address)

(Address)

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2022 AUG 12 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

NOV - 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADMIN CAPITAL 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:

Jose Louro
Name of Person

Firm/Company

1970 E. Osceola Pkwy #18
Address

Kissimmee, FL 34743
City/State and Zip Code

decorcenterjose@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Louro at (321) 285 2273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ADMIN CAPITAL LLC 2022 AUG 12 AM 8:23

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 10, 22 and assigned Florida document number L22000123092.

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)

1970 E. Osceola Pkwy #18

Kissimmee FL 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1970 E. Osceola Pkwy #18

Kissimmee FL 34743

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:

Carlos Lozano

New Registered Office Address:

1970 E. Osceola Pkwy #18

Enter Florida street address

Kissimmee

City

Florida

34743

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.

Carlos Lozano

If Changing Registered Agent, Signature of New Registered Agent

MGR= Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>MGR</u>	<u>Facundo Ranzani</u>	<u>1970 E. Osceola Pkwy #18</u>	<input type="checkbox"/> Add
		<u>Kissimmee, FL 34743</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Jose Louvo</u>	<u>1970 E. Osceola Pkwy #18</u>	<input type="checkbox"/> Add
		<u>kissimmee, FL 34743</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Carlos Lozano</u>	<u>1970 E. Osceola Pkwy #18</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee, FL 34743</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

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 (3)(b)

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.

Jose Louro
Signature of a member or authorized representative of a member

Jose Louvo
Typed or printed name of signee