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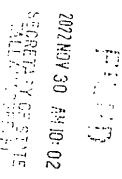
(1	Requestor's Name)
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PICK-UP	WAIT MAIL
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COVER LETTER

Division of Corp		•	, 4,		
; SUBJECT:	10	oper LL	<u>C</u>		
- - -	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
;	Calberto	Lopez Je			
<u>ئ</u>	Carocito	Name of Person			
-					
:		Firm/Company		(n 52	
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	12332 Rock	· Address		-20 XOV	. 7
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المناس	lakeland, F	City/State and Zip Code			
•	(Tubest Lo	5035@gmail.c	om :		٠,٠,٠
;	E-mail address: (to be used for future annual repo	ri notification)		
For further information co	oncerning this matter, please ca	ill:			
Criberto L	Opez	at (786) 2	92 - 7714		
· Name of		Area Code D	Daytime Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed).) Certified	ie of Status &	i
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	The Centre 2415 N. M		10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rancho	Lopez	LLC		
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liab		vere filed on	3/14/22	and assigned
Florida document number <u>L220001258</u>	<u>50</u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the des	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicab	ble:			2
(Principal office address MUST BE A STREET	ADDRESS)			22
			<u> </u>	C) ,4 g
;			7	6
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			5
•	•		(= 1; (7.1)	02
•				
B. If amending the registered agent and/or regagent and/or the new registered office address		ldress on our re	cords, <u>enter the nan</u>	ie of the new registered
agent and visite liew registered office address	,			
Name of New Registered Agent:				
and the second				
New Registered Office Address:		Enter Flori	la street address	
:		Direct Filling		
· 🔐	·	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	·		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change.	agent and agre and complete pered agent as pregistered office of	performance of i rovided for in Ci	ny duties, and Lam hapter 605, F.S. Or,	familiar with and if this document is
a had				

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>	Name	Address	Type of Action
CEO. 2.	Gilberto Lopez Ir		X Add
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	•		□Change
	: 		□Add
			□Remove
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	:		□Change

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If am	ending any other in	iformation, enter e	change(s) here: (Attach	radditional sheets, if	necessary.)	
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L' ffac	; tive date, if other th	han the dute of fili	na:		optional)	
(If an e	ffective date is listed, the	date must be specific a	nd cannot be prior to date of	iling or more than 90 days	after filing.) Pursuant	to 605.0207 (3
Note	: If the date inserted in ment's effective date o	n this block does not on the Department of	meet the applicable statuf State's records.	tory filing requirement	s, this date will not t	be listed as th
docui		•				
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docui	ord specifies a delayed	effective date, but n	ot an effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th da	v after the
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