Florida Department of State Division of Corp

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 : (407)520-5473 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIERRA SISTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO:	Registration Sec Division of Corp		•	
		STERS LLC		
SUBJE	ET:	Name of Limit	ted Liability Company	
The and	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
		ANA M SIERRA MAYA		
			Name of Person	
		SIERRA SISTERS LLC		
			Firm/Company	
		1428 RIDGE ST STE 158		
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		E-mail address; (to be used for future annual report notification)	
For furt	ther information c	oncerning this matter, please ca		
	M SIERRA MAY		407 675-0796	
		f Person	at () Area Code Daytime Telephone	Number
Encios	ed is a check for th	ne following amount:		
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration 3 Division of O P.O. Box 632 Tallabassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, 8 Tallahassee, FL 32303	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIERRA SISTERS LLC		
(Name of the Limited Liability Comt (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	ny were filed on 03/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" 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 offic agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enier Florida street add	iress
<u></u>		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>	Address	Type of Action
AMBR	CLARA E SIERRA MAYA	1428 RIDGE ST STE 158	🖹 Add
		KISSIMMEE, FL 34744	Remové
			Change
AMBR	LINA L SIERRA MAYA	1428 RIDGE ST STE 158	≡Add
-		KJSSIMMEE,FL 34744	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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			□Add
			□Remove
			☐ Change

amenung any othe	r information, enter change(s			
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Note: If the date inser	er than the date of filing: , the date must be specific and cannot led in this block does not meet the date on the Department of State's re-	abblicable statutory intr	(options more than 90 days after fili ng requirements, this da	al) ng.) Pursuant to 605.0207 (ite will not be listed as t
record specifies a del d is filed.	yed effective date, but not an effe	octive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated <u>9-23-</u>	Signature of a member	Sung Morauthorized representative	e of a member	
	Ana H	lavia Sierra May or printed name of signee		

Filing Fee: \$25.00