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JUN 2 4 2022

S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor			
R. AL PEN			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	R. AL PENA		
		Name of Person	
	R. AL PENA LLC		
	 	Firm/Company	
	103 WORNALL DR		
		Address	
	SANFORD FL . 32771		
		City/State and Zip Code	- 4
	alpenawtm@gmail.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	•	anouton)
R. AL PENA		386 216-7585 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	_	Street Address:	action
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ORGANIZATION OF	SHOULLIARY OF STEEL FLOSSIDA	2022 H	
R. AL PENA LLC		HAS:	AY -	-
	pany as it now appears on our records.) d Liability Company)		-3 ₽	ן ן
The Articles of Organization for this Limited Liability Compar	ny were filed on APRIL 4, 2022	and assigne	ت ا	
Florida document number L22000160931		A	ي	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	bility Company," the designation "LLC" or the a	,		
(Mailing address MAY BE A POST OFFICE BOX)		····		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nai	me of the new reg	zistere	<u>:d</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	 		
	, Florida _			
	City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

FILE

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
MGR.	LORRAINE MONAHAN	14 DEERFOOT LN NEW CITY, NEW YORK 10956	_ = Add
			□Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
		 	_ Change
			_ 🗆 Add
	···	_ □Remove	
			_ [] Change
		 	_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change
			_ □Add
			Remove
			_ Change
			_ □Add
			_ □Remove
			_

). If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if	necessary.)
<u></u>		
 		
	· · · · · · · · · · · · · · · · · · ·	
		
Effective date, if other than to	he date of filing:(nust be specific and cannot be prior to date of filing or more than 90 days	optional)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 (3), s, this date will not be listed as the
he record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated APRIL 21	2022	
R. f	De-	2022 MAY -3 2022 MAY -3 2022 MAY -3 ALLAHASSEE
	Signature of a member or authorized representative of a member	HAY -
R. AL PENA		
	Typed or printed name of signee	PH 12: 46 01: STATE FLORIDA
		O:4 17

Filing Fee: \$25.00