LZ2000187242

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone	: #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
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(Document Number)	
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Special Instructions to Filing Officer:	
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2022 JEH 13 FM 1: 29

of 8/27/2022

COVER LETTER

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

2022 JUL 13 PH 1: 29 Florida document number <u>L 22000/87242</u>. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
AMBE	Mirla S DENIS MARTINEZ	12000 Sw 210th Lee Miami FC 33177	□Add
			XRemove
			□Change
AMBE	Libertas Gonzalez	12000 SW 210th fee Mami FL 33177	XAdd
	Demo		Remove
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Note: If th	date, if other than the date of filing:	-03-3022 (optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as cords.
he record spe ord is filed.	ecifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	06-03-2022.	
Dated		TO SHAUD GOOD ZOLEZ PERC r authorized representative of a member

Filing Fee: \$25.00