La2000187410

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COVER LETTER

TO: Registration So Division of Cor			
LORNEST	`. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analysis Social or of	·	in ad 6au 61in a	
	Amendment and fee(s) are sub	·	
Please return all correspo	ondence concerning this matter	to the following:	
	NESTOR M. GARRIDO I	POLANCO	
		Name of Person	
	C/O E & F LATIN GROU	P, LLC	
	1820 N CORPORATE LA	KES BLVD, SUITE 109	
		Address	
	WESTON, FL 33326		
	NESTORGAR@HOTMAL	City/State and Zip Code	
	_	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
GUILLERMO M. MAN	CEBO, ESQ.	305 704-8694	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certificate
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations or the properties or

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORNEST LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000187410</u> .	vere filed on APRIL 19, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili"	y 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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	City Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Emergainilis will had rovided for in Chapter 605, F.S. Fre this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	NESTOR M GARRIDO POLANC	4010 S. OCEAN DRIVE, #T390	
		HOLLYWOOD, FL 33019	≣Remove
MGR	Zułma Lorena Tamayo Amador	4010 S. OCEAN DRIVE, #T390	□Add
		HOLLYWOOD, FL 33019	Remove
			☐ Change
MGR	Garrido Family Revocable Trust	Nestor M. Garrido Polanco, Trustee	≣ Add
		4010 S. Ocean Drive, #T390	□Remove
		Hollywood, FL 33019	□Change
			□Remove
			□Change
		L À H	Add Add
		SEE, FLORI	CORRECTIONS OF THE STATE OF THE
		A	TATE SAID
		 .	□Remove
			□Change

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E. Effective date, if other than the (If an effective date is listed, the date may	ne date of filing:	Early day of filling a mar	optional	a) Burguent to 605 0207 (
Note: If the date inserted in this	block does not meet the app	licable statutory filing	requirements, this	will not listed as the
document's effective date on the	Department of State's recor	ds.	 A. H.	
If the record specifies a delayed effect	tive date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b)	で学さ (CD)
record is filed.	and have the miles of the second), (*, (*, (*, (*, (*, (*, (*, (*, (*, (*	
December 17	2024		.ORIO	# 970 H 3:
Dated		·	A	