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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 : (239)542-9104 Phone Fax Number : (239)540-1760

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

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION

S. Llanio Business Service Inc

AKTICLESOF	OKGA: (IZ:1110)
•	OF
Ron	V LLC
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{4/21/23}{}$ and assigned
Florida document number <u>LA2D00/9/275</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
	17. Community of Control albertation of L.C.
The new name must be distinguishable and contain the words "Limited Liz	anitty Company, the designation 200 of the notionalistic 2.2.2.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
	of the way register
B. If amending the registered agent and/or registered office	ce address on our records, enter the name of the new register
agent and/or the new registered office address here:	202 SE SE
Name of New Registered Agent:	SE. A
New Registered Office Address:	<u> </u>
New Registered Office Address.	Enter Florida street address 92
	Florida T
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	Finter Florida street address , Florida City City 20 Code
 -	agree to act in this capacity. I further agree to comply with t

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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:

	uthorized Member		
<u>Title</u>	Name	Address 11th PL Suite	Type of Action
MGR.	Nydia Sonia Vargus Mariño	Address 4645 SE 11th PL Suite apre Corel, Fr 33904,15	Add
	·		_ □Remove
		111.45 SE 11th PL Svite 10	_□Change
MGR.	Carlos Enrique Rengifo	4645 SE 11th PL Svite 10 Cape Corel FZ 33904, US	_ 🗆 Add
	garean		_ 🗆 Remove
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. II amet	iing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: [re date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the id.
Dated _	5/11, 22
	5 / 1/ , 22
	Carlos E Rengi & GM Land Typed of printed name of signee

Filing Fee: \$25.00