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COVER LETTER

TO: Registration Section Division of Corporations

FAVAL VERANDA 2536 LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNY M FONSECA

Name of Person

Finn/Company

1514 KELBY RD

Address

KISSIMMEE, FL 34744

City/State and Zip Code

jennyfonseca831@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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 OF

FILED

2022 HAY 26 PH 6: 05 FAVAL VERANDA 2536 LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on $\frac{04/25/2022}{2}$ and assigned Florida document number _____ 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 "LLC... Enter new principal offices address, if applicable: 1514 KELBY RD, KISSIMMEE, FL 34744 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 1514 KELBY RD, KISSIMMEE, FL 34744 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	JENNY M FONSECA		
New Registered Office Address:	1514 KELBY RD		
	Enter Florida street address		
	KISSIMMEE	- Florida ³⁴⁷⁴⁴	
	(iņv	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 record is filed.

05/17/2022 Dated	
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	Senature of a member of agnorized representative of a member

OLGA L VALENZUELA