L22000176437

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

	ation Sect n of Corpo			
01111100m		IZQUIERDO & PINEDA	'S PROPERTY LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Art	ticles of A	mendment and fee(s) are subt	mitted for filling.	
Please return all	correspond	dence concerning this matter	to the following:	
		JOS	EPH WILLIAMS IZQUIERDO	
			Name of Person	
		IZQUIEI	RDO & PINEDA'S PROPERTY L	LC
			Firm/Company	
		9	940 WARM STONE ST	
			Address	
		Т	HONOTOSASSA, FL 33592	
			City/State and Zip Code	
			uierdopineda2022@gmail.com	
		E-mail address: (t	to be used for future annual report noti	fication)
For further infor	mation cor	ncerning this matter, please ca	all:	
JOSEPH WILL	IAMS IZQ	UIERDO	813 842-9836 at ()	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filin	ig Fee	☐ \$30.00 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)
Regist	<u>e Address:</u> tration Se on of Co		<u>Street Address:</u> Registration Se Division of Cor	
P.O. E	30x 6327		The Centre of T	Callahassee
Tallah	accee Fl	32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IZQUIERDO & PINE	EDA'S PROPERT	Y LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
the Articles of Organization for this Limited Liability Company	were filed on	04/25/2022	and assigned
orida document number L22000196437			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
		t of table at all	1. C.
e new name must be distinguishable and contain the words "Limited Liabil			obreviation 1.1C.
nter new principal offices address, if applicable:	9940 WARM S		
Principal office address MUST BE A STREET ADDRESS)	THONOTOSA	SSA, FL 33592	
	 		
nter new mailing address, if applicable:	2703 SAN MA		
Iailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33619		
16	uddraw on our	mande antor the nam	na af tha naw ragictar
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our i	ecords, enter the nam	TA
			E 20 00
Name of New Registered Agent:			SEP RETALLA
<u> </u>			2 SEP -9 AMI CRETARY OF ALLAHASSEE
New Registered Office Address:	Enter Flo	orida street address	V .
		Pl.,	AMII: OF ST SEE, F
	City	, Florida	ZIP CAI

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 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>	Name	Address	Type of Action
			
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

l ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Sote:	ive date, if other than the date of filing:
recor Lis fi	d 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 led.
ated	SEPTEMBER 6 2022
	Signiffice of a member or authorized representative of a member
	JOSEPH WILLIAMS IZQUIERDO

Filing Fee: \$25.00