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	(Requestor's Name)
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PICK-UP	MAIL MAIL
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Special Instructions to	Filing Officer:
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	O. RENE L	ited Liability Company	,
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	John V	alenzvela	
	<u></u>	Name of Person	
	J. RENE L	LC Firm/Company	
•			
		- Way Seminole F	
	Seminal	FL 33772	
	Jaent Revi	City/State and Zip Code  Hals D GMM. LIJ M  to be used for future annual report notif	fication)
For further information co	incerning this matter, please ca	·	
John Val	inzuda	ar (727) 458	- 1402
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	o following amount:		
		CSS On William Flow &	\$60.00 Filing Fee.
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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 OF

FILEU

	01		
J. Que L		2022 DEC 16 AH II	: 31
( <u>Name of the Limited</u> (/	Liability Company as it now Florida Limited Liability Com	appears on our records.)	<del>-</del> :
The Articles of Organization for this Limited Lial			12
	pility Company were filed in	on /// 2/ 2/3ar	nd assigned
Florida document number L 2 2000 200	645		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compa	ny here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company	"the designation "LLC" or the abbreviati	ion "L.L.C."
		The designation Time of the above that	1,1,2,0
Enter new principal offices address, if applical	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
			<del></del>
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	···.	
B. If amending the registered agent and/or reg agent and/or the new registered office address	<del>-</del> *	our records, <u>enter the name of th</u>	<u>ie new registered</u>
gent and/or the new registered office address	nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	er Florida street address	
		, Florida	
	City	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 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>	<u>Address</u>	Type of Action
CEO/	John Valenzuela	10355 Temple Way	ĭ⊻Add
MGR		10355 Temple Way Schrinde FL 33772	□Remove
MGR	Lenka Valenzuda	10355 Temple Way Seminde, FL 33772	□Change
		SCM1004 1-6 337/2	□Remove
			□Change
			□Remove
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			Remove
			□Change

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