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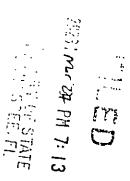
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R. HUNT

## 

Registration Section

Tallahassee, FL 32314

TO:

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	S520 Pin Name of Lim	Jehor S. + Dr lited Liability Company	· UC
The enclosed Articles of .	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Jose</u>	Name of Person	
	<u></u>	Firm/Company	
	312 B	elle Vicw A	ue
		ETErrace City/State and Zip Code	
	E-mail address: (	to be used for future annual report pot	1ail. can
For further information co	oncerning this matter, please ea	all:	
Jose Cr Name of	Person	at ( <u>\$13</u> ) <u>Jole</u> Area Code Daytin	2-2143 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing 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)
Mailing Address Registration S Division of Co	ection orporations	<u>Street Address:</u> Registration Se Division of Cor	rporations
P.O. Box 632	7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8520 PIL	enurst DR UC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/28/2022 and assigned
Florida document number <u>L22000201915</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here: 🌾
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	mational
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Florida

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, 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>	Address	Type of Action
AHBR	Albertina Cruz	312 Belle View Ave	🗹 Add
		Jemple Terrace Fl	<u> </u>
		33617	🗆 Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
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(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	1 <u>March</u> 22. 2003.
	Signature of a member or authorized representative of a member
	Jaca Print
	Typed or printed name of signee