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DATE: 05/13/2024

NAME: NATHALIE DE LA CARIDAD MENDEZ, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registrati					
	HALIE	DE LA CARIDAD MENDE	Z, LLC		
SUBJECT:	_	Name of Limi	ted Liability Company		
		mendment and fee(s) are sub-			
		TOMAS A. GONZALEZ .	JR ., ESQ.		
			Name of Person		<u></u>
		TOMAS GONZALEZ LA	W, P.A.		
			Firm/Company	·	
		PO BOX 934878			
			Address		
		MARGATE, FLORIDA 33	3093-4878		
			City/State and Zip Code	<u> </u>	
		sunbiz@tomasgonzalezlaw.	•		ි. න
		E-mail address: (1	to be used for future annual re	port notification)	<u> </u>
For further informa	ation co	neerning this matter, please ca	all:		
TOMAS GONZA	LEZ			7878	
	Name of	Person	at () Area Code	Daytime Telephone	e Number
Enclosed is a check S25.00 Filing		following amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	ised)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A Registra Division P.O. Bo	ation So a of Co	ection rporations	Division	dress: tion Section of Corporation tre of Tallahass	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATHALIE DE LA CARIDAD M				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{04/28/2021}{}$	2	and assigned
Florida document number 1,22000202252	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited lial	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli			<u>, </u>	
Principal office address MUST BE A STREE			<u> </u>	<u> </u>
			<u> </u>	
			· · .	
Enter new mailing address, if applicable:		PO BOX 836239		76
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33283	(riv)	<u> </u>
				 မွှ
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records.	. <u>enter the name</u>	of the new regist
Name of New Registered Agent:	TOMAS GONZALEZ LAW, P.A.			
New Registered Office Address:	3730 COCON	OUT CREEK PKWY STE 1		
	Enter Florida street address			
	COCONUT C		, Florida <u></u> 330	(10)
		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 Charlet 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, Sign ture 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>	<u>Address</u>	Type of Action
MGR	MENDEZ, NATHALIE D	310 NW 27TH AVE	□Add
		MIAMI, FL 33125	■Remove
			□ Change
P Nathalie D Mendez	Nathalie D Mendez	PO BOX 836239	■Add
		MIAMI FL 33283	□Remove
			Remove
			Change Change Change Change Change Change
			re, © □Remove
			□ Change
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effective date is listed, the date mee: If the date inserted in this b	block does not meet the applic	rable statutory filing requi	rements, this date	will not be listed:
ument's effective date on the I	Department of State's records	•		
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	2024			
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