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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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TO:

Registration Section

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: | Ruz Palun Name of Lim | O LLC ited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspor | idence concerning this matter | to the following | | |
| | Cruz Pa/ 12016 | Name of Person Lico LLC Firmi Company Address Address City/State and Zip Code City/State and Zip Code City/State and Zip Code | ذ. | |
| For further information co | oncerning this matter, please ca | V | 1.7 50 40 | |
| Carlos 17 | Person Person | $\frac{1}{\text{Area Code}} = \frac{43}{\text{Daytim}}$ | 7064 e Telephone Number | |
| Enclosed is a check for the | e following amount. | | | |
| X \$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 P.O. Box 6327 Tallahassee, F | ection orporations 7 | Street Address: Registration Sed Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Fallahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com | pany us it now appears on our records.) d Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L22,0602,10854</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company bere: |
| The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | bility Company," the designation, "L.L.C." 12016 Thy Suita 100 BRELINTON F/34205 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 12016 th W Suite 100 Bradenton F1 34205 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the name of the new registerec</u> |
| Name of New Registered Agent: Me Ja. | Park Bluf Apr 311 |
| New Registered Office Address: 8775 | Enter Florida strebt address |
| <u> </u> | City Florida 33/72 Zip Code |
| No. Danistand tours Stoneston Cabonain Danistand Com | *. |

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

 \subset

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 |
|---------------|------|---------|----------------|
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| ffective da | ite, if other than the date | of filing: | _ (optional) |
| Sote: If the | date inserted in this block do | ses not meet the applicable statutory filing requireme | |
| ocument's i | effective date on the Departn | nent of State's records. | |
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| recoru spec l 18 filed. | mies a delayed effective date | , but not an effective time, at 12:01 a.m. on the earlie | n or, (b) The 90th day after the |
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| ated | May 30 | 4023) | : |
| | - (| 10 bt. (2) | - • |
| | Signa | fure of a member for authorized representative of a member | · · · · · · · · · · · · · · · · · · · |
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filing Fee: \$25.00