

122000213396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

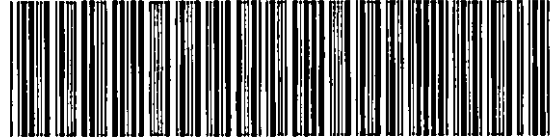
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Present LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Romina Saaied  
Name of Person  
The present LLC  
Firm/Company  
429 Lenox Ave Suite 430  
Address  
Miami Beach FL 33139  
City/State and Zip Code  
esmeraldacortesf@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Romina Saaied at 305 9750354  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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 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**

The Present LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/05/2022 and assigned Florida document number L22000213396.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6941 Bay Dr C4

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach FL 33141

Enter new mailing address, if applicable:

6941 Bay Dr C4

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach FL 33141

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Olga Esmeralda Cortes Fernandez

New Registered Office Address:

6941 Bay Dr C4

*Enter Florida street address*

Miami Beach

*City*

Florida 33141

*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.*

  
Olga Esmeralda Cortes Fernandez  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Kavanaugh	7824 SW 179 Terr Palmetto Bay FL 33156	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Romina Saaied	429 Lenox Ave Suite 430	<input type="checkbox"/> Add
		Miami Beach FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Reg. Ag	Kevin Kavanaugh	7824 SW 179 Terr Palmetto Bay FL 33156	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Reg. Age:	Olga Esmeralda Cortes Fernandez	6941 Bay Dr C4	<input type="checkbox"/> Add
		Miami Beach FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Olga Esmeralda Cortes Fernandez	6941 Bay Dr C4	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Reg. Age.	Olga Esmeralda Cortes Fernandez	6941 Bay Dr C4	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August, 8

2022

Handwritten signature of Romina Saaid

Signature of a member or authorized representative of a member

Romina Saaid

Romina Saaid

Typed or printed name of signer

Filing Fee: \$25.00