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(Re	questor's Name)	<del> </del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

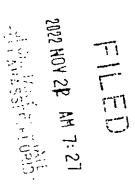
Office Use Only

A. RIVERS FEB - 6 2023



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	YALORDE NIEVES		
		Name of Person	
	FINANCIAL PURSUIT I	NC.	
		Firm/Company	
	3785 NW 82ND AVE #21	5	
		Address	<del></del>
	DORAL, FL 3366		
		City/State and Zip Code	
	FINANCIALPURSUITING	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
YALORDE NIEVES		305 200-6692	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL BRASERO DE PRADOS LLO		
(Name of the Lim	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number 1.22000223088	Liability Company were filed on 05/12/	2022 and assigned
This amendment is submitted to amend the fol	lowing:	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		rds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	15351 SW 177TH TER	000 77
	Enter Florida .	••
	MIAMI	Florida 33187 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>	Address	Type of Action
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			□Add
		□ Rem	□Remove
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<u>e:</u> If the date inserte ument's effective da				ory ming requir	ements, ans dan	2 WIII HOU DE HSIEG A.
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