## h22000225223

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
EST 1992 I				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicolas Castillo			
		Name of Person	<del></del>	
	EST 1992 LLC			
	<del></del>	Firm/Company		
	707 NW 170 TERRACE		2022 TALL	
		Address	OR CHI	ı
	PEMBROKE PINES, FL 3	3028	77.00 L 28	
		City/State and Zip Code	# F = 11	
	nicocastillo1992@gmail.com		3. V	,
r e de la composición de		to be used for future annual report notifica	ation) jäl 5	
For further information c	oncerning this matter, please ca	ш;		
Nicolas Castillo		786 356-5204 at ()		
Name o	f Person		elephone Number	
Enclosed is a check for the	he 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 Addres		Street Address: Registration Secti	on	
Division of C	Corporations	Division of Corpo	orations	
P.O. Box 632		The Centre of Tal		
Tallahassee,	FL 34314	2415 N. Monroe S	Succi, Suite o 10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.22000225223	y were filed on $\frac{05/13/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		100 P22 I
		28 J T
Enter new mailing address, if applicable:		SF. 28 F
Mailing address MAY BE A POST OFFICE BOX)		
		1-0 [2]
		201 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	iress
	,	Florida
<del></del> -	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

EST 1992 LLC

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>	<u>Address</u>	Type of Action
MGR Nicolas Castillo		707 NW 170 TERRACE	<b>≣</b> Add
		PEMBROKE PINES, FL 33028	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			BAdd Remove
	<u></u>		☐ Change ☐ Add
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ocument's effective date on the Depart	tment of State's reco	rds.			
record specifies a delayed effective datise is filed.	te, but not an effectiv	e time, at 12:01 a.m	. on the earlier of:	(b) The 90th day after	r the
is med.					
July 19th	2022				
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ated	<b>A</b> A-				
	nature of a member or a	uthorized representati	ve of a member		

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