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Office Use Only



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## **COVER LETTER**

CUDICATE NATIONAL	1 paistice	/ / C.		
SUBJECT: <u>N J V</u>	Name of Limi	ted Liability Company		<del></del>
The enclosed Articles of Am-	endment and fee(s) are subt	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	Nelson V	Name of Person		
		Firm/Company		<u></u>
	294 Citi	Address Address	0	
	Davenport	F L 33837 City/State and Zip Code	7	
-	N VIZ C A I NO E-mail address: (1	JR & GMAIC o be used for future annual re	cport notification)	
For further information cone	erning this matter, please ca	all:		
Nelson Vizca,	no Jr.	at ( <u>407</u> )	284-04 Daytime Telepho	45 ne Number
, want or t			•	
Enclosed is a check for the fo	ollowing 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:		Street Ado	dress:	

**Registration Section** 

**Division of Corporations** 

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	2022.*** 21 Fii 12: 16
mpany were filed on <u>Max</u> -	y 16,2022 and assigned
/.	
ed Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
<u></u>	
office address on our reco	ords, enter the name of the new registered
The Articles of Organization for this Limited Liability Company were filed on May 16, 2022 and assign Florida document number £22000228 710.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new 1 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Line Florida	
Entar Florido	a street address
1516.1 1 W. aas	
City	, r iorida Zip Code
	ed liability company here  A ed Liability Company." the designation office address on our reco

## 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

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
MGB	Enrique Villalta	2249 Gladiolus Lane	∕Add
	· ·	Mascotte, FL 34753	□ Remove
			Change
		Mascotte, FL 34753	□Add
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			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
<del></del>		
(If an effect Note: If	e date, if other than the date of filing:	207 (I l as th
ic record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t L	the
Dated	June 11 2022	
	Melson Vizcaino Jr  Typed or printed name of signee	