KZZ 000232498

(Requestor's Name)
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2027 JUN 27 PN 2: 39

COVER LETTER

TO: Registration Solivision of Co.			
	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
Division of Corporations ISAROXY LLC			
Please return all correspo	ondence concerning this matter	to the following:	
	ROXANA PEREZ		
		Name of Person	
		Firm/Company	
	19713 SW 133 CT	Name of Limited Liability Company sendment and fee(s) are submitted for filing. ence concerning this matter to the following: ROXANA PEREZ Name of Person	
		Address	
	MIAMI FL 33177		
	PELAEZREINIER@YAHO	•	
	E-mail address: (to be used for future annual report not	tification)
For further information e	oncerning this matter, please c	all:	
REINIER PELAEZ			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres Registration S			ection
Division of C			
P.O. Box 632	7	The Centre of	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 27 PM 2: 39

ISAROXY LLC			ζ	
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on ou pility Company)	r records.) TALL THAT SE	
ne Articles of Organization for this Limited I	• •	ere filed on <u>5/18/2022</u>		
orida document number L22000232498	·			
is amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name of	of the limited liabilit	y company here:		
e new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C	
ter new principal offices address, if appli	cable:			
rincipal office address MUST BE A STRE	ET ADDRESS)			
	_			
ter new mailing address, if applicable:	_			
ailing address MAY BE A POST OFFICE	<u> </u>			
If amending the registered agent and/or ent and/or the new registered office addre		lress on our records	, enter the name of the new re	giste
and and/or the new registered office addre	ess nere.			
Name of New Registered Agent:	ROXANA PEREZ			
New Registered Office Address:	19713 SW 133 CT			
		Enter Florida stree	et address	
	MIAMI		Florida ³³¹⁷⁷	
		City	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.

Rank

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
MGB	REINIER PELAEZ	19713 SW 133 CT MIAMI FL 33177	■Add
			□Remove
			□Change
MGB ROXANA PEREZ	ROXANA PEREZ	19713 CT 133 CT MIAMI FL 33177	□Add
		■Remove	
			□Change
			□Add
			□Remove
			□ Change
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			□Change
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D. If amending	any other inform	ation, enter cha	nge(s) here: 🁍	Attach additional s	sheets, if necessar	y.)	
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f the record speci ecord is filed.	ies a delayed effectiv	e date, but not an	effective time, a	t 12:01 a.m. on the	earlier of: (b) Th	e 90th day af	ter the
Dated			 A				
		Signature of a mer	nber or authorized	representative of a m	ember		
		ZOXA	nA Pero	2 7			
	-	Ty	ped or printed nan	ie o signee			

Filing Fee: \$25.00

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nted	-	—·	·			
		ture of a member or a				