## L220W239405

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:  Filing Officer:  Filling Officer:  Filling Officer:  Warrend  Musreum  Musre





700392496217

2022 OCT -3 AM 10: 26

A. EUTLER OCT 1 0 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT -3 AM 10: 26

CORETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) L. L. A. T. S. F. F. (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 5/23/2022 and assigned Florida document number
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida, Florida
City Zip Code
es de la contra Degistared Agent

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 Type of Action Address Name Title AMBR Cynthia Perez 1714 Flourish ave Remove □Change □Add □Remove Change □Add □Remove Change  $\square$  Add □Reniove □Change.  $\square$ Add □Remove Change  $\square$ Add □Remove ☐ Change

		· <del></del>				<del>,</del>
						<del></del>
			<u>.                                    </u>	<del></del>		
	<u> </u>					
			·	· · ·		· .
			,			·
		· ·				
	<u> </u>		1,			_
<u>.                                    </u>	<u>.</u>			•		
	·		<u> </u>		<del></del>	
ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	is block does not r	neet the applical	date of filing	or more than 90 filing require	(optional) 0 days after filing. ments, this date	3 Puresiant to 605 0
					•	•
ecord specifies'a delayed effortistics is filed.	ective date, but no	t an effective tin	ne, at 12:01	a.in. on the ea	ırlier of: (b) T	he 90th day after
ned 05/2	3/	, 2022	<b>-</b> ·		• •	e es
	ENC	12	he			
<u></u>	Signature of a	member or author	rized represe	ntative of a me	mper .	