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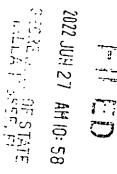
(Requestor's Name)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	305 lux Ro	nTalz LLC	
30b/r.c.t.	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	L.	enia Quosta	
	Plas C	Name of Person  Party Sources  Firm/Company	Jnc.
	12780 S	N 2W ST	<del></del>
	Hover	Ged (1 3303	2
	E-mail address: (	City/State and Zip Code  Coto by used for future annual report noti	ication)
For further information co	ncerning this matter, please c	all:	•
1/200		20t CG-	9321
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 Address		Street Address:	
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, F	1. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oi	The latest the same of the sam
205 Lox Rente	alz UC 2000 FILED
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records: 27 AM 10: 58
The Articles of Organization for this Limited Liability Company v Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and contain the words "Limited Liability	ity 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 acagent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	. Florida  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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>	Address	Type of Action
<u>AMBR</u>	Daniel A Cabrera Bacallao	10620 SW 66-th Terr Hum, Fl 33173	□Add
			□Change
	<del></del>		□Add
			□Remove
			□Change
· 			□Add
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			□Change
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ffect	tive date, if other than the date of filing:  Order 12 (optional)  Fective date is listed, the date must be specific and cannot be prior to tate of filing or more than 90 days after filing.) Pursuant to 605.0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fi	
ated	06/23 22.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00