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COVER LETTER

Tallahassee, FL 32314

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	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. ROXANA DIAZ Name of Person CORPAG REGISTERED AGENTS (USA), INC. Firm/Company 999 BRICKELL AVE, STE 820 Address MIAMI, FL, 33131				
SUBJECT:	Name of Lim	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:			
	ROXANA DIAZ				
		Name of Person			us &
	CORPAG REGISTERED	AGENTS (USA), INC.			
		Firm/Company			
	999 BRICKELL AVE, ST	E 820			
		Address		2022 SE(
	MIAMI, FL, 33131			AGN SAC	
		City/State and Zip Code		28 — 115	
	MIASERVICES@CORPAG			TANGE AND BE	
	E-mail address: (to be used for future annual	report notification)		
For further information of	concerning this matter, please ca	all:			
ROXANA DIAZ			3-7872		
Name o	of Person	at () Area Code	Daytime Telephone Nurr	nber	
Enclosed is a check for t	he following amount:				
	-	Cosson rivers	e	n Ett. E.	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certif	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
Mailing Address Registration		Street Ac Registra	ddress: ation Section		
Division of C	•	Division	n of Corporations		
P.O. Box 632	21	The Cei	ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

140	PROPERTY	DOLD.	110
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company has been notified in writing of this change.

(<u>Name of the Lin</u>	ited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/01/2022}{\text{Elorida document number }}$			and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		999 BRICKELL AVE	
Principal office address MUST BE A STRE	ET ADDRESS)	SUITE 820	
	_	MIAMI, FL 33131	1022 HOV
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		999 BRICKELL AVE	
		SUITE 820	36 = 10
		MIAMI, FL 33131	10 G G
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records SISTERED AGENTS (US	
	999 BRICKE	L AVE, SUITE 820	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida stree	et address
	MIAMI		, Florida ³³¹³¹
		City	Zip Code
New Registered Agent's Signature, if changing	Danisa and Assume		

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

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
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			□Remove
		 	□Change
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Effective date, if other than th	e date of filing:		(optic	onal)	
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the	ust be specific and canno block does not meet the	he applicable statutory t	or more than 90 days after	filing.) Pursuant to 60	
he record specifies a delayed effect ord is filed.	ive date, but not an ef	fective time, at 12:01 a.	m. on the earlier of: (b) The 90th day aft	er the
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Dated November /	41 3	1000			
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	Signature of a member	or authorized representa	име от а тетвет		
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Filing Fee: \$25.00