8/2/22, 6:04 PM

To:

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : I20070000033 Phone : (305)549-7040

: (305)649-0477 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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AUG - 4 2022

COVER LETTER

TO:

Registration Section Division of Corporations

* Page: 2 of 5

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Alaica
Name of Person
Derez Arche Accounting Inc
4011 W. Flagles St #501
Address
Coval Gables, FL 33134
City mate and Eily 2 and
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the 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:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

From Isabel Araica

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TYIIS P	RUDERTIES, LIC	
(Name of the Limited)	Jabilky Company as it now appears on our records. Florida Limited Liability Company)	•
The Articles of Organization for this Limited Liabi Florida document number <u>L 22000</u>	DE 1757	22 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
Imaking dadress mat be a rost office bo	<u> </u>	OF SE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, c address here:	enter the name of the new
Name of New Registered Agent:		PA R
New Registered Office Address:	Enter Florida street address	REAL STATES
		rida
	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13054897704

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CAROL ALTAMIAANO	191795W 29 CT	& dd
		, Miramar, FL 33029	D Remove
			Change
AMBR	AnA Isabel Araica	13230 SW 280 ST	O Add
		13230 SW 280 ST Homeskad, FL 33032	Remove
			Change
			□ Add
			□ Remove
			_□ Change
			D Add
			Remove
			_ Change
			Add
			□ Remove
			Change
			_□ Add
			_□ Remove
			_口 Change

lfan ef <u>Note:</u>	tive date, if other than the date of filing: August and Document Document
ne rei The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August and 2000
	Annin
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00