L22000262086

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A. RIVERS

COVER LETTER

FO: Registration Section Division of Corporations

A&S KISSIMMEE BEGONIAS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PATRICIA PENA Name of Person TIME BUSINESS SERVICES Firm/Company 1721 BEAR BAY Cv Address ORLANDO, FL 32824 City/State and Zip Code patricia.timebusiness@gmail.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: 407 3468016 Patricia Pena at (Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&S KISSIMMEE BEGONIAS LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lie	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Torida document number <u>L22000262086</u>	npany were filed on 06/07/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:
he new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>SS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	٤.
New Registered Office Address:	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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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

<u>Title</u>	Name	Address	Type of Action
MGR	OLGA P PENA	1721 BEAR BAY CV	🖬 Add
		ORLANDO, FL 32824	🗌 Remove
			Change
			∐Add
			🛛 Remove
			□Change
			🗆 Add
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			Remove
		······	Change
			🗆 Add
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifiests delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is file.

Dated . 04-14-2023	
Signature of a member or authorized representative of a member	
ROSA MARTINA D AREVALO DE SANTILLAN	
Typed or printed name of signee	