## 122000275823

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOR ULI -	NE 3 2022

Office Use Only



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TO: Registration Sec Division of Corp			
SUBJECT:	<u> </u>	CA 22 LLC ited Liability Company .	
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		ONYA Agenor Name of Person	
		TRCA 22 1	LLC
	16860 Collin	S Ave. Su	ite 1/2-687
		Seach FL 3 City/State and Zip Code	
	E-mail address:	enor 32 @ gwai	. com
For further information co	ncerning this matter, please ca	dl:	
lonya Name of	Agenor	at ( <u>305)</u> 496 Area Code Daytin	8 - 0090 ne 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)	★ S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF ORGANIZATION FILED
(Name of the Limited Liability Company as it now appears on one records:) (A Florida Limited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
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 "L.L.C." 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 registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida
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 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 Title Name 16860 Collins Ave Suite 112-687 MGR Longa Agenor Sunny Isles Beach, FL 33/60 \* Add \_\_\_\_\_ □Remove \_ □Change PRES Tonya Agenor 16860 Collins Ave Suitella-687 Sunny Isles Beach, FL 33/60 Remove \_\_\_\_\_ □Change \_\_\_\_ □Change \_\_\_\_\_ □Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effect Note: If	e date, if other than the date of filing:
the record cord is filed	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 d.
Dated _	June 24, 2022
	Signature of a prember or authorized representative of a member
	Typed or printed name of signee