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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
CHR H	ECT: LA PELOTA	A. LLC			
300	.c	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		LESBIA E. ESTRADA			
			Name of Person		
		LA PELOTA, LLC			
			Firm/Company		
		7612 36th AVE, S.			
			Address		,- <u>[</u> -
		TAMPA, FL 33619			
			City/State and Zip Code		· - · · · · · · · · · · · · · · · · · ·
		nanie1102@gmail.com	to be used for future annual report noti	Floretion)	•
For fur	ther information c	oncerning this matter, please c		neation)	
TOT TUI	ther information e	oncertuing this matter, pieuse e			r - :
LESBI	A E. ESTRADA Name o	CD service	at (<u>626</u>) <u>367-9553</u>	e Telephone Number	
	Name o	r Person	Area Code Daytim	e Telephone Number	
Enclos	ed is a check for tl	ne following amount:			
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	porations fallahassee e Street, Suite 810)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA PELOTA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ ____ and assigned Florida document number ______1.22000297415 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	ELI CHAVIANO	4705 ROSEBERRY LN.	
		TAMPA, FL 33624	
			Remove
			□Change
MGR	ELIEZER CHAVIANO	4705 ROSEBERRY LN. TAMPA, FL 33624	= Add
			, ;
		-	Remove
			☐Change
			🗆 Add
			C : C : C : ERemove
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effective date is listed, the date must be specific and cann te: If the date inserted in this block does not meet t	ot be prior to date of filing the applicable statutory t	or more than 90 days after	filing.) Pursuant to 6	:05.020 isted a
ument's effective date on the Department of State's				
cord specifies a delayed effective date, but not an el	ffactive time, at 12:01 a	m, on the varlier of: (b	The 90th day at	fter th
s filed.	neetive time, at 12.01 a	in. on the carner or. (o	, The 20th day at	itet in
ed April 4 . 202	23			
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(/\) 0 3	per or authorized representa			