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## **COVER LETTER**

Division of Corporations					
SUBJECT:	CI Herencia Name of Limi	Nortena "Lited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	Thalia	Gutierrez Name of Person			
	La H	EVENCIA NOVA	ena_		
	1501 Fr	Mry LA			
	- Coca	City/State and Zin Coc:			
	E-mail address: (to	o be used for future annual report notif	fication)		
For further information c	oncerning this matter, please ca	II:			
Name o	Contervez  (Person	at 321 914- Area Code Daytime	2659 e Telephone Number		
Enclosed is a check for the	ne 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)		

TO: Registration Section

<u>Pailing Address:</u>
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 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 111 D 7, 2022 and assigned 5 Florida document number 177 003 043 62	
s amenament is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:    Company   Comp	
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, <u>enter the name of the new register</u> agent and/or the new registered office address here:	<u>ed</u>
ame of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	

## 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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