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	(Requestor's Name)	
. <u></u>	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
	,	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	 -
	(1	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	SEP 1 4 2022	
	V. LULL	
		

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	ALNERA	IN THESTMA	DATE I.C.
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		SENSO UGU Name of Person	62
		COBDAN INU	ESTUBIUSCIC
		SEAFOOTH Address	
	T	City/State and Zip Code	(3)
		City/State and Zip Code	,
	E-mail address: ()	to be used for future annual report not	rfication)
For further information c	oncerning this matter, please co		
550	GO GEGET.	31724, UP	\R-7885
Name o	f Person	at (724) 49 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	action
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	,	2022 SEP 14 PH 4: 07
	INVESTICATE LA	SECRETARY OF STATE TALLAHASSEE, FILL
(Name of the Limited Liability Compa (A Florida Limited		
The Articles of Organization for this Limited Liability Company		022 and assigned
Florida document number <u>L220003</u> 0 8	2047	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne 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:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , Florida	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

60

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	SERGIO USEZ	13901 SEAFORTH	
		MONDER WAY TOSURA ?	C □Remove
		33613	Change
			□Add
			□Remove
		***************************************	□ Change
			□Add
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			1100
Note: If the c	e, if other than the date of filing: tte is listed, the date must be specific and cannot be price late inserted in this block does not meet the appliance of the date on the Department of State's record	cable statutory filing requirement	(optional) ys after filing.) Pursuant to 605,0207 its, this date will not be listed as
record speci d is filed.	lies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated	Signature of member of a	2 Polyzety/schrosoftatival of a member	

Filing Fee: \$25.00