# L22000315047

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT [	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Sta	atus		
Special Instructions to Filing Officer:				
J. HORNE				
	NUV - 1 20	22		
	<del></del>			

Office Use Only

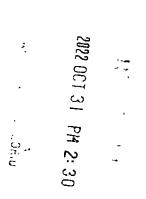


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10/81/22--01002--026 \*\*25.00



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<del></del>			
CECIL MANAGMEN	IT LLC			
<u> </u>				
			ı	Art of her file
	·		<del></del>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<del></del>	Dissolution / Withdrawal
			<del></del>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<del></del>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del>-</del>	<del></del>		Fictitious Owner Search
				Vehicle Search
	<del></del>			Driving Record
Requested by: SETH	10/31/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
	2410	. 14110		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

#### **COVER LETTER**

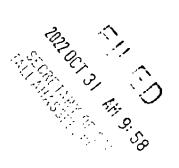
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TO:	Registration Sec Division of Corp			
ello II		Management LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Ceci	l Iglesias	
			Name of Person	
		N/A		
			Firm/Company	
		7460 9	SW 141 St.	
			Address	
		Palme	tto Bay FL, 33158	
		info abottomin	City/State and Zip Code	
		info@bottomupo E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please c	all:	
Kas	myhr Robles		561 467-5255 at ( )	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊞</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



<del>-</del>	nent LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	nnears on our records.)	<del> </del>
The Articles of Organization for this Limited I	Liability Company were filed o	on 07-18-2022	and assigned
Florida document number <u>L22000315047</u>	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here;	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	'the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
		es on our records es	nter the name of the
		ss on our records, <u>er</u>	, in the second
		ss on our records, co	
egistered agent and/or the new registered o	office address here:	ss on our records, co	
registered agent and/or the new registered of New Registered Agent:	Cecil Igesias  7460 SW 141 St.  Ente	er Floricki street oddress	
registered agent and/or the new registered of New Registered Agent:	Cecil Igesias 7460 SW 141 St.		33158

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.

Cecil Iglesias	
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>	<u>Name</u>	Address	Type of Action
			Change Add
			☐ Remove
			□Change
		<del></del>	🗅 Add
			□ Remove
			Change
		<del></del>	🗆 Remove
			Change
			🗆 Add
		Remove	
			🗖 Change
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			O Change
			Add
			Remove
			Change

			<del></del>
	·		
	<u> </u>		
ective date, if other than the of effective date is listed, the date must	late of filing:	f Clima are the OO F	(optional)
<u>te:</u> If the date inserted in this bloo	ck does not meet the applicable s	tatutory filing requireme	nts, this date will not be listed a
sument's effective date on the Dep	partment of State's records.		
record specifies a delayed	effective date, but not an	effective time, at 13	2:01 a.m. on the earlier
he 90th day after the reco			
October 17th	2022		
ed October 17th	2022		
ed October 17th	- 2022 - VMMMM		
ed October 17th	YMMM)	representative of a member	

Page 3 of 3

Filing Fee: \$25.00