L22000335423

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chuty Manie)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



400416752124

10/04/23--01028--002 **30.00

2023 OCT -4 AM IO: 4 I

A. PARISHANI DEC 0 2 2023

COVER LETTER

	•			
TO: Registration Sec Division of Corp			8	
	LÎLE-S C	ASITA		
	Name of Limi	ted Liability Company	202 9 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
			2023 OCT DEFARI SHVISION O TALLAH	-
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	T-L	_
Please return all correspon	ndence concerning this matter	to the following:	NT OF CORPE SEE. F	Γ
	Tania 1	M. Soto Name of Person	-L ANIO: LI	(
		Firm/Company		
	7488 NL	U 169th ter Address		
	Haleah	Gardens · F Oty/State and Zip Code /	L 33015	
	TSOTO 197	o be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	ılı:		
Tania M. Name of	S 070 Person	at (<u>815</u>) <u>315</u> - Area Code Daytime	-3 6 3 5 Telephone Number	
Enclosed is a check for th	,			
□ \$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)	
Mailing Address Registration S		Street Address: Registration Sec	etion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Walle-S Casita

(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 _ Florida document number 122000 335423

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 Liabi	<u>-</u>
Enter new principal offices address, if applicable:	7488 NW 169th ter
(Principal office address MUST BE A STREET ADDRESS)	Halenh gordens, FL 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hoalerh gardens, Fl 33015

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: 7488 WW 169th fer Hisland gardens
Enter Florida street address New Registered Office Address: Hora leiale Sorders Florida 33015

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, 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>	Name	Address	Type of Action
MGR	Tania M. Soto	7488 NW 169 th ter	
		Italeah gardens, FL	□Remove
		33015	
			□Add
			Remove
		OFFICIAL CARACTERS OF TALLAHAS	Change
		TALLAHASSEE, FLORIDA	Remove Signature
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Pla	2651	Change	ma	, ad	dres	5 +	o the	mo	lu de		_
9n	d ada	change 1 Man	ager	(M61	2) to	my	title				_
									<u>:</u>	20.	_
								ALLIA	ISION Region	23 <u>0</u> C	
	_									 	=
									RON RON RON	A	
					·			ORI D /	STATE ATIO	후	- -
			-			 _			<u></u>		_
				<u>.</u>				_			_
		<u>_</u>					<u> </u>				_
											_
											_
						_	_				_
	-	"- '		-,						<u> </u>	-
											-
		<u>_</u>			 _						-
_							.				-
n enecuve a ote: If the o	date is listed, the	date must be spen this block do not the Departm	erfic and car es not mee	nnot be prior t the applic	to date of fi	ling or mor	e than 90 day requiremen	s after filing	.) Pursu	ant to 60 ot be lis	5.0201 ted as
record s The 90th	pecifies a d day after tl	elayed effe he record is	ctive dat filed.	e, but no	t an effe	ctive tir	ne, at 12	:01 a.m.	on th	e earli	ier o
1ed 9 /	29/2) 0 2 3 	· _		·						
	Tan	رسير	μ,	Sofi)						
		Signati	ire of a mén	nber or autho	rized repres	sentative of	a member				