## L2200410547

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(bocament Namber)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	<del></del>

Office Use Only



100395229321

10/03/22 --01003---007 | \$::30.00

2022 OCT -3 AN 9-2

2022 001 -3 1/1 9:46

0/10/3/2022

## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: DX	O APRX L	LC	
3060EC1		ted Liability Company	- 1 4 <u>4 20 3</u> 5 4 - 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following.	
	<u>Dayanis</u>	Name of Person	
		Firm/Company	
	4 N OF88	imes Auc #2	<u> </u>
	Tampa	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	,\L
	E-mail address: (	to be used for future annual report notif	ication)
For further information con	cerning this matter, please co	all;	
Dayanis Xiv	nelis	at ( <u>701)</u> <u>790</u> Area Code Daytime	- 8948
0			
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addrage		Stroot Addrage	

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Registration Section

TO:

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

2022 ODT -3 All 9: 47 Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09 20 2022 and assigned Florida document number LZ2000410547 \_\_. 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.

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> Address Type of Action Name \$870 N Himes Ave BAdd # 258 Tampa Fl 33614 | Remove Dayanis Ximelis \_\_\_\_\_ □Change \_\_\_ □Remove □Change □Remove ☐ Change \_\_\_\_\_ □Add □Remove

□Add

□ Change

□Remove

Please	add	EIN	number	- 92-00	195776	
					·	<del></del>
	• • •	- <del></del>				
<u></u>			77.2		<u></u>	
						<del></del>
			·	- ·=·		
			· •··			
ctive date if c	ther than th	e date of fili:	ng:		(optional)	
effective date is li	sted, the date mi	ust be specific a	nd cannot be prior to date of meet the applicable sta	of filing or more than 90	days after filing.) Pursua	nt to 605.0207 ()
			State's records.	itition y ming requiren	ents, ans date will no	t be fisted as ti
	delayed <b>e</b> ffecti	ve date, but n	ot an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th c	day after the
filed.						
ed	2   2 2					
·u!.\{.\/_		$\wedge$	<u> </u>			
•		Vous	a member or authorized re	····		- <del></del>
		and the state of t	a commission of authorization of			
	6	Mananala or	a member of authorized re	epresentative of a memo	er	

Filing Fee: \$25.00