## L 22000426428

(Re	equestor's Name)	
(Ad	ldress)	-
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

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	Registration So Division of Cor			1			
TO LEZY	UYB, LLC						
<b>UBJEC</b>	1:	Name of Limi	ited Liability Company		2023 DEC		
he enclo	sed Articles of	Amendment and fec(s) are sub-	mitted for filing.		DEC -I		
lease ret	urn all correspo	ondence concerning this matter	to the following:	!	WI SEE. FL	Ţ	
		RALPH VALDES			FIATE RATION ORIPA	۲.	
			Name of Person				
		5 STAR ASSISTANTS. LI	LC.				
			Firm/Company				
		15220 SW 31ST STREET					
			Address				
		MIAMI, FL 33185		1			
		·	City/State and Zip Code				
		CONTACT@KOMODON.				æ.	
		E-mail address: (t	o be used for future annual	report notification)			
or furthe	r information c	oncerning this matter, please ca	ill:	1			
RALPH V	VALDES		305 60 at ( )	8-7378			
	Name o	f Person	Area Code	Daytime Telephone Nu	ımber		
inclosed	is a check for th	ne following amount:					
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Cert	00 Filing Fee, tificate of Status of		
	lailing Addres		Street A				
	Registration S Division of C			Registration Section Division of Corporations			
	P.O. Box 632	-		entre of Tallahassee			
	Γallahassee, I			I. Monroe Street, Su	ite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION **OF** 

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"Limited Liability Company	y." the designation "LLC" or	the abbreviation "L.L.C."
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UYB. LLC		
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	ity Company were filed  g:  Ilmited liability comp  "Limited Liability Company  :  DDRESS)  Are address on the company  En	ity Company were filed on 10/03/2022  Ilimited liability company here:  "Limited Liability Company." the designation "LLC" or:  DDRESS)  tered office address on our records, enter the ere:  Enter Floridu street address  , Florid

New Registered Agent's Signature, if changing Registered Agent:

' 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

GR = M MBR = A	anager uthorized Member		
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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effective date is listed, the date must be specific and ca te: If the date inserted in this block does not mee	et the applicable st	atutory filing require	nents, this date will	not be listed
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