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	(Requestor's Name)	
	(Address)	
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1	(City/State/Zip/Phone #)	
		_
DICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Entity Name)	
	(Document Number)	
Dertified Copies	_ Certificates of	Status
<u> </u>	-	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oscor Commont Corry LC.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scar Lockiques Viame of Person Scar Comprescrat Cloaning LC Firm/Company
1972 NW 14st Apt 202
Address Mi Mi L 33/25 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 359-150 D Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$}\$
Mailing Address: Registration Section Rivision of Comparations Street Address: Registration Section Registration of Comparations

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 The state of th	
Contractal Classics Land	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Fronda Ellined Diability Company)	
The Articles of Organization for this Limited Liability Company were filed on Oct. 5 1902 and assigned	
Florida document number 2200 43064.	
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, <u>enter the name of the new regi</u> agent and/or the new registered office address here:	stered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
e.nter r tortaa 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 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

Title	Name A A A	Address	Type of Action
AT - (Uscar. A. Kuchriguez	1472NW 14st Apt 202 Mionit	L-HADD
			□Remove
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			Change
			🗆 Add
			Remove
			Change

. It amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
_	
	·
(If an effect Note: If	date, if other than the date of filing:
the record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	December 2/, 12, 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee