## L22000433723

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status   |
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| Special Instructions to Filing Officer:   |
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Office Use Only



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## **COVER LETTER**

| [                     | Registration Se<br>Division of Cor |  |   |  |
|-----------------------|------------------------------------|--|---|--|
| ···                   | BRENS M.                           |  |   |  |
| SUBJEC <sup>*</sup>   | 1;                                 |  | nited Liability Company   |  |
| The enclo             | sed Articles of                    | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please ret            | urn all correspo                   | ondence concerning this matter               | to the following:   |  |
|                       |                                    | BRENDA F GAITAN PII                          | NTO   |  |
|                       |                                    |  | Name of Person  |  |
|                       |                                    | BRENS MAIDS LLC                              |   |  |
|                       |                                    |  | Firm/Company  |  |
|                       |                                    | 6836 19TH AVE S                              |   |  |
|                       |                                    |  | Address   |  |
|                       |                                    | LAKE WORTH, FL 3346                          | 2   | / 2  |
|                       |                                    |  | City/State and Zip Code   | 1022<br>   |
|                       |                                    | bren171920@gmail.com                         |   | 2022 KOY 21  |
|                       |                                    | E-mail address: (                            | to be used for future annual report notifi                          | cation) : $N$  |
| For furthe            | r information c                    | oncerning this matter, please o              | all:  |  |
| BRENDA F GAITAN PINTO |                                    |  | 561 412-9075  |  |
|                       | Name o                             | f Person                                     |   | Telephone Number 171 O   |
| Enclosed              | is a check for th                  | ne following amount:                         |   |  |
| ■ \$25.0              | 0 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 Addres Registration S      |  | Street Address:<br>Registration Sec                                 | tion   |
|                       | Division of C                      |  | Division of Corp  |  |
| Į.                    | P.O. Box 632                       | 7  | The Centre of Ta  | allahassee   |
| 1                     | l'allahassee, I                    | FL 32314                                     | 2415 N. Monroe  | Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim  | ited Liability Company as it no<br>(A Florida Limited Liability C | w appears on our records.)    |   |                |                    |
|---|---|-------------------------------|---|----------------|--------------------|
| The Articles of Organization for this Limited 1 Florida document number L22000433723  | •   | •                             | a   | nd assi        | igned              |
| This amendment is submitted to amend the fol  | lowing:   |                               |   |                |                    |
| A. If amending name, enter the new name of  | of the limited liability com                                      | pany here:                    |   |                |                    |
| The new name must be distinguishable and contain the  | words "Limited Liability Compa                                    | ny," the designation "LLC" or | the abbrevia  | tion "L.I      | C."                |
| Enter new principal offices address, if appli   | cable:  | <u> </u>                      |   |                |                    |
| (Principal office address MUST BE A STREA   | ET ADDRESS)   |                               |   |                |                    |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or |   |                               | (A)<br>(B)<br>(B)<br>(B)<br>(B)<br>(C)<br>(C)<br>(C)<br>(C) | 2021 NOV 21 AM |                    |
| agent and/or the new registered office addre  |   | m our records, emer the       | name or t   | 9:<br>20       | negistered<br>Naw∕ |
| Name of New Registered Agent:   | BRENDA F GAITAN P   | INTO                          |   |                |                    |
| New Registered Office Address:  | 6836 19TH AVE S   |                               |   |                | _                  |
|   |   | Enter Florida street address  |   |                |                    |
|   | LAKE WORTH  | Florid                        |   | Code           | <del></del>        |
|   | City  |                               | Zu  | C.oae          |                    |

## 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.

X 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  |
|--------------|------------------------|--|-----------------|
| MGR          | BRENDA F GAITLAN PINTO | 6836 19TH AVE S LAKE WORTH, FL 33462   |                 |
|              |                        |  | <b>≡</b> Remove |
|              |                        |  | □Change         |
| MGR          | BRENDA F GAITAN PINTO  | 6836 19TH AVE S LAKE WORTH, FL 33462   | <b>=</b> Add    |
|              |                        |  | □Remove         |
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| fective date, if oth   | ier than the date of                                | filing:             |                      | (opt  | ional)                                  |             | - 430                                      |
| ote: If the date inser | d, the date must be specificated in this block does | not meet the appl   | icable statutory fil | more than 90 days are<br>ing requirements, th | is date will r                          | not be list | ed as                                      |
| ocument's effective (  | date on the Department                              | t of State's record | ls.                  |   |   |             |  |
| record specifies a de  | layed effective date, bu                            | t not an effective  | time, at 12:01 a.m   | on the earlier of: (                          | b) The 90th                             | h day afte  | r the                                      |
| is filed.              |   |                     |                      |   |   |             |  |
|                        |   | 2022                |                      |   |   |             |  |
| OCTOBER 17             |   |                     |                      |   |   |             |  |

Typed or printed name of signee