

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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12/15/23---01022--018 **25.00



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COVER LETTER

TO: Registration So Division of Cor				
	ODELING AND SERVICES	LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
	ondence concerning this matter			
	MARIANGEL T ÓQUEN	DÒ		
		Name of Person		
		Firm/Company		
	1026 CENTER AVE			
•		Address		
	HOLLY HILL FLORIDA	City State and Zip Code		
	LUIGUI05EUCTANA@ GN	MAIL.COM		
For further information c	E-mail address: t oncerning this matter, please c	to be used for future annual report notifiall:	ication)	
MARIANGEL OQUEN		386 334-0827		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$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 Addres		Street Address:		
Registration S		Registration Section Division of Corporations		
Division of C P.O. Box 632		The Centre of T		
Tallahassee, l			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lu	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>1.22000455893</u>	ipany were filed on 10/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l 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 ADDRES	<u>SS)</u>	
		. —1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of igent and/or the new registered office address here: 	ffice address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
<u></u>	, Floric	daZip Code

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	<u>Name</u>	Address	Type of Action
MGR	CESAR OQUENDO	1965 CHARLESTON HOUSEWAY HOLLY H	
	•		■Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
	•		Change
			ElRemove (2)
			□ Change
			□Add
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ective date, if other than the ceffective date is listed, the date must! e: If the date inserted in this block iment's effective date on the Department.	be specific and cannot back does not meet the	e prior to date of filit applicable statutor	ng or more than 90 days	optional) s after filing.) Pursuan s, this date will not	it to 605,02 be listed
ord specifies a delayed effective filed.	date, but not an effec	tive time, at 12:01	a.m. on the earlier of	อร์ (b) - The 90th d	ay after th
DECEMBER 11	. 2023				
Ala	yanad a	tento			
<u>-</u>	ignature of 1 member of	r authorized represe	ntative of a member		

Filing Fee: \$25.00