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COVERTEITER

TO:

Registration Section Division of Corporations

SUBJECT: Triy	Name of Lim	ited Liability Company	·	
	Amendment and fee(s) are sub	_		
	Adrian Ro	Name of Person		
	Tribus	Firm/Company		
		Address	SECRETALLA TALLA	7072 KUY 28
	Odrion Ro E-mail address: (City/State and Zip Code City/State and Zip Code Code	Gilliam fication)	
For further information ec	oncerning this matter, please ca	all:	111	
Adrian R Name of	Person	at (305) 323 Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e 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 enclose	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on 11/2	23 2027 and assign
Torida document number $L2200472013$.	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	202P
	ACRE NO
	2
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	13
	<u> </u>
** ***********************************	tre ==
. If amending the registered agent and/or registered office address on our record gent and/or the new registered office address here:	ls, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	
	eet address
Enter Florida str	
Enter Florida str	, Florida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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 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 be or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
MCR	Kenneth Luis Valga	0 8255 SW 152 AVC	_'XAdd
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			_ □Change
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(If an effective Note: 19	e date, if other than the d tive date is listed, the date must b the date inserted in this bloc	e specific an k does not	d cannot be p	olicable statu	filing or more	than 90 days a		
documei	nt's effective date on the Dep	artment of	State's reco	rds.				
the record	specifies a delayed effective of	date, but no	t an effectiv	e time, at 12	2:01 a.m. on	he earlier of:	(b) The 90th	day afte
.cord is inc	1							
Dated _	11/23/2022		·	<u> </u>				
	11/23/2022				<u> </u>			

Filing Fee: \$25.00