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## **COVER LETTER**

	on Section f Corporations			
SUBJECT:	Brenda T	ited Liability Company		
The enclosed Articl	les of Amendment and fee(s) are sub	mitted for filing.		
Please return all con	rrespondence concerning this matter	to the following:		
	Brenda	Marco S Name of Person	<del></del> ,	
		Firm/Company		
	342 NV	J 65 Terr.		د-،
	Plantati	On, FL 333 City/State and Zip Code a Z 013 @gmail to be used for future annual report notifi	517	2024 JAN 25 AM 9: 10
	brendam E-mail address:	to be used for future annual report notif	ication)	25 A
For further informa	tion concerning this matter, please c			SET OF
Brenda	Marcos Jame of Person	at (954) 605 Area Code Daytime	ZZ\Z E Telephone Number	TO TO
Enclosed is a check	c for the following amount:			
S25.00 Filing F	See \$\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing A	.ddress:	<u>Street Address:</u>		

Mailing Address:
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

Brenda Toro	Company as it now appears on our re- imited Liability Company)	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- limited Liability Company)	çoruş,)
The Articles of Organization for this Limited Liability Co Florida document number <u>122000 481</u>		09 / 20 ZZ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	LC.	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	2024 JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ANNSSEE FL
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	idress
		. Florida
	City	Zip Code
= 4	Lagrate	

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 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>	Name	Address	Type of Action
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			□Remove
			□Change
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Filing Fee: \$25.00