

L22000528143

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Oil) Old (Oil)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Se vision of Cor		•	
SUBJECT	: <u>'Vi</u>	to, LLC (A)	DANEW HEMBI	er \
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANGEL C. D	EL GUERCIO Name of Person	
		Vitto, L		
			Ollius DUE, fui	to 301
		Surfsid	E PL 33/54 City/State and Zip Code	·
		AN GELDEL G E-mail address: (UEZCOO GHAIL. COM to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	all:	
Ă٣	16EL DEL	Guezcia	at (786) 693-3 Area Code Daytim	121
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
M	ailing Addres	s:	Street 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

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11.4.11.

41110,666		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000528/43</u> .	were filed on DECEHBER	19, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	SLEVE	
New Registered Office Address:	SAGUE Enter Florida street addre	ess
	r	Touido
		lorida Zip 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 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
AMBR	Micole Royan-Kaurao	8888 COLLIUS AVE, SWITE 301 SURFSIDE, PL 33154	i 5/ Add
			□Remove
			Change
			□Add
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			□Change
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effective date is I <u>e:</u> If the date ir	other than the date isted, the date must be served in this block over date on the Depart	pecific and o loes not mo	cannot be prior set the applica	to date of filing of able statutory fi	r more than 90 da		
ord specifies a filed.	delayed effective dat	e, but not a	n effective ti	me, at 12:01 a.r	n. on the earlier	of: (b) The 9	Oth day after th
d Septe	MBER OT		2023	<u>.</u> .			
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