L23000025984

(Req	uestor's Name	
bbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer;	
	0	9/11/23_

Office Use Only



000407369850

007-82-3 ELL ETTT-00 ------



July 19, 2023

ARLEY ANTONIO TOVAR NARANJO C.O. RAFAEL GONZALEZ 4838 ESEDRA CT, NO. 107 LAKE WORTH, FL 33467 US

SUBJECT: GRUPO TOVAR ROMERO LLC

Ref. Number: L23000025984

We have received your document for and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

SEP 1 1 2023

Letter Number: 923A00016095

COVER LETTER

	tration Section			
SUBJECT: _		DZOPO IE Name of Limit	NSZZORE Company	Y D
The enclosed A	Articles of Amo	endment and fee(s) are sub-	mitted for filing.	
Please return a	ll corresponder	nce concerning this matter		
		Rapsel Go	NZAlez	
	-	ARley Anto	NAMED TOVAR NAK Name of Person	220
	-	Jenpo 1	Firm/Company	70
	-	4838 E	Sedra C+ 11	107
	-	Jake u Email address:	City/State and Zip Code ON A ZOWE TO LL to be used for future annual report noti	Co Hoty Dil Cou
For further inf	ormation conce	erning this matter, please ca		
Zapa	Name of Per	UZDlez son	at (786) 600 · Area Code Daytim	9362 te Telephone Number
Enclosed is a c	check for the fo	llowing amount:		
X \$25.00 Fil	ling Fee 🛚 🛚 🖺	S30.00 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)
Maili	ing Address:		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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number 1.2350025984.	vere filed on 81-20-2523 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	DO, LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4838 Ecotor of HID> Lovewarth, F1 33462
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 adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 183	B E Geologo Ct. #107 Enter Florida street address Ke worth, Florida Fl 33467
	City 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.

f 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 Title **Address** Type of Action Name Azley TOUSZ NAZANJO 4838 ECXOTES 1+ XAND CES # 107 doke worth, 7 38467 Nubia Comerco 4333 Escotra Ct #107 KANN Jskeworth F1 33467 | Remove __ 🗷 Change Rofreld Gonzalez 4838 Essedies et 2107 Xadi 12/2 Worth, +1 33 467 Remove __ DChange ____ Remove _____ Remove _____ □Remove

				
				
			,	
				[2]
				5/9
				
				
<u> </u>				
ective date, if other than the date	C ~ -	7 1,2023	(optional)	12
effective date is listed, the date must be s te: If the date inserted in this block of ument's effective date on the Depart	specific and cannot be prior to does not meet the applica	o date of filing or more than	n 90 days after filing.) F	
cord specifies a delayed effective dat s filed.	e, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
cd Sept 1, 2023	·	_·		
,				