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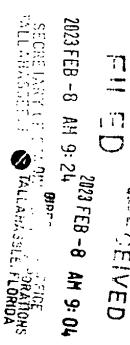
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
S. A.
FEB -8 2023
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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: WCol	100 11C				
SUBJECT: NYCHT	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspon	ndence concerning this matter (to the following:			
	William	Colon Rivera Name of Person			
		Firm/Company			
	10576 Sw	4714 Aug Address			
	oxala Fl, 3	City/State and Zip Code 5466 Gmail. Com to be used for future annual report noti			
	WColon Yivera E-mail address:	o 4@ Gmail. Com to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please ca	ali:			
William Colon Name of Person		at (<u>787</u>) <u>486-7735</u> Area Code Daytime Telephone Number			
Enclosed is a check for the	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 Registration 2		- <u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T'' ED

2023 FEB -8 AH 9: (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 12, 2033 and assigned Florida document number <u>L. 130000</u> 36169. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M6R	William Colon Liver.	10576 Sw 4712 Ave Kal	<u>C</u> \$Xdd
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			Change
			□Add
			□Remove
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171	re date, if other tha	de must be specific a	ind cannot be prior.	to date of filing or mo	(optio	iling.) Pursuant to 605.	.0207 /
iote: T	f the date inserted in t nt's effective date on	his block does no	t meet the applica	able statutory filing	requirements, this	date will not be liste	ea as
record Lis file	specifies a delayed el d.	fective date, but r	not an effective ți	me, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after	r the
ated _	09-08		. 2023	— ·			
	This	Gorature	a member of author	orized representative	of a member		
		argitatine of	a member of action	•			

Filing Fee: \$25.00