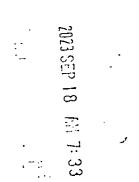


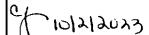
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
<u> </u>		
(Bu	siness Entity Nam	ne)
		
0ل)	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





09/19/23--01040--027 ++60.00





COVER LETTER

то:	Registration Se Division of Cor				
		RODRIGUEZ LLC			
SUBJECT:Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		IVAN PARRON			
			Name of Person		
		PARRON LAW			
			Firm/Company		
8151 SW 143RD ST					
			Address		
		PALMETTO BAY, FL 33	158		
			City/State and Zip Code		
		IP@PARRONLAW.COM			
			to be used for future annual report noti	fication)	
For furti	her information c	oncerning this matter, please ca	all:		
IVAN PARRON		305 987-2666 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclose	d is a check for the	he 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 Address Registration		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327 Tallahasson, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 18 AH 7: 33

NINOSKA RODRIGUEZ LLC

(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 v	vere filed on 01/12/2023	and assigned	
Florida document number L23000026594			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
NINOSKA ROĐRIGUEZ MARTINEZ LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LI	.C" 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 acagent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>ent</u>	er the name of the new registered	
New Registered Office Address:	Enter Florida street addi	"CNN	
	Masida		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is	

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
			□Add
			☐ Remove
			□Change
			🗆 🗀 Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
•			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. SEPTEMBER 12 Dated __ 2023 authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

IVAN PARRON AS ATTORNEY-IN-FACT