L 230000 41417

(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:
L

Office Use Only



300403567653

03/01/13--01011--018 ++25.00

2023 HAR - 1 AM 8: 09

A. RIVERS APR 2 8 2023

COVER LETTER

TO: Registration S Division of Co			
eun mem	OS Rodriguez	LLC	
SUBJECT:	OS Rudriguez	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Adv	rian Rodriguez Name of Person	
		Firm/Company	
	5022 Herin	tage Trail	· · · · · · · · · · · · · · · · · · ·
		FL 33811 City/State and Zip Code	
		NEVOLEON (9 9 mail - C) to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Adrian Ro	chrique 2_	at (863) <u>393 -</u> Area Code Daytime	5005 e Telephone Number
Enclosed is a check for	the following amount:		
\$\frac{1}{2}\$ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	nce-	Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

LOS Rodiguez LLO	- -		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) onliny Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000041417</u> .	ere filed on 1/23/23	and assigned	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) articles of Organization for this Limited Liability Company were filed on 12323 and assigned and accument number 1230000 414177 amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: LOS FONQUE NULLC we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" rew principal offices address, if applicable: signal office address MUST BE A STREET ADDRESS) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
LOS Rodriquez NL LL	.C		_
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
Name of New Registered Agent:	lress on our records, <u>enter the</u> n	ame of the new regis	_ tered
New Registered Office Address:	Enter Florida street address	0: 9	_
		50 09	
	City , Florida	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 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
			
			□Remove
			Change
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
r effecti <u>te:</u> f	date, if other than the date of filing:
cord specified.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	February 26 2023.
	Signature of a member or Juthorized representative of a member
	Adrian Rodriguez Typed ordrinted name of signee