## 12300068579

(Requestor's Name)  (Address)	
(Address)	80040
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL  (Business Entity Name)	02/27/23-
(Document Number)	OEFETFES
Certified Copies Certificates of Status	4/27/23 V·LN
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## zenbusiness

02/16/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Los Lindas LLC

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u> for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Kelly Castro 5511 Parkcrest Dr. Ste 103 Austin, TX 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Los Lindas LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recon Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 01/31/2023	and assigned
Florida document number 1.23000058579		
his 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	lity 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)		023
		27
Enter new mailing address, if applicable:		SSO R
Mailing address MAY BE A POST OFFICE BOX)		Fig. 2
numing dual cost of Field Bong		52
3. If amending the registered agent and/or registered office a	address on our records, <u>ente</u>	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
<del></del>		Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Lillian Reyes	167 springwood circle	<b>≣</b> Add
		Α	□Remove
		Longwood , FL 32750	□Change
			□Add
			□Remove
			□ Change
<del></del>			□Add
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Mective date, if other than the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be pri- ck does not meet the appl	icable statutory filin		g.) Pursuant to 605.0207
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) T	he 90th day after the
February 16	. 2023			
/s/ Edison Jul	<i>lian Nunez</i> Signature of a member or aut			

E::: E 635.04