L2300059274

(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:

Office Use Only



200402560162

02/23/23--01006--005 **55.00

RECEIVED

ALLAHÁSSEE. FLOR

2023 FEB 22 PH 4: 30

1 40 mm

() 2/2/do23

COVER LETTER

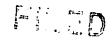
Registration Section
Division of Corporations

злест: <u>Са</u>	rranta's Ir	Destments d Erability Company	LLC.
	Amendment and fee(s) are submindence concerning this matter to	-	
	Maria	Carrant Name of Person	<u>-</u>
	228 TI	Firm Company MDEVLAIRE Address	139
	Tallalias	See Fl 32 City/State and Zip Code be used for tuture annual report not	
urther information c	oncerning this matter, please call	·	,
Mania	Currenza Person	at (880) 691 Area Code Daytin	4 23 41 ne Telephone Number
losed is a check for th	ne following amount:	,	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	7. \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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



2023 FEB 22 PM 4: 30 (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 2/101/23 and assigned rida document number _ 1 23 00 06 5 9 2 7 4 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," ter new principal offices address, if applicable: vincipal office address MUST BE A STREET ADDRESS) . i er new mailing address, if applicable: giling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cire · Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and p) the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

vy filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

wany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

.t.R = Manager , dBR = Authorized Member

* ,(1 <u>e</u>	<u>Name</u>	Address	Type of Action
Managurs	Edgar mora	228 Timberline Rd see . Fl. 32312	· ZAdd
U	tallernass	,ee. +1. 32312	□Remove
			□Remove
			□Change
	4		□Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			CiChann

•	
ffective	date, if other than the date of filing: (optional)
<u>Sote:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locumen	's effective date on the Department of State's records.
record s das filed	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
)ated	2/22/23
	Medes
	Signature of a member or authorized representative of a member
	Maria Carranza

Filing Fee: \$25.00