## L23 0000 61118

(Requestor's Name)
(Address)
(Address)
(Ĉity/Ŝtate/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800412799878

07/26/23--01006--007 \*\*25.00

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: 6N	4RO DON	JOSE LI	LC
	Name of Limi	ited Liability Company	
The enclosed Articles of Amend	dment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	Felipe	PENEURA Name of Person	
		DON JOSE	116
		5W 9th LN	
		Address  FL 3319  City/State and Zip Code	4
		A TAX 50 UT 10 MS (to be used for future annual report noti	
For further information concern	_		22
Luís Fen	n des	at (305) 600 Daytim	6379 c Telephone Number
Enclosed is a check for the follo	owing amount:		, <u>1</u>
<b>20</b> \$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 Section Division of Corporation		<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 6327 Tallahassee, FL 32		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

imited 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 OZ - QZ - ZO Z3 and assigned 230000 Florida document number 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 "LLC" 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: ည Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGN	RANDY GUERRA	14836 sw 9 th 1 m	<b>Æ</b> Add
		MIAMIFL 33194	
			Change
			□Add
			🗆 Remove
			Change
			🗀 Add
			Change ☐Change
			□Add
			ПRеточе
			□Change
			🗆 Add
			Remove
			Change
<del></del>			□ Add
			□Remove
			□ Change

ADD	RANDY	GUENAD	. AS	MGR	
		<del></del>			
	<u> </u>		<del></del>		<del> </del>
		····			
		<del>_</del>			
	<del>1 2 </del>				
<del></del>					
			<del></del>		<u>.</u>
					· · · · · · · · · · · · · · · · · · ·
-					_ <del></del>
<del></del>					<u> : : : : : : : : : : : : : : : : : : :</u>
					<u> </u>
					ෆ
	<u> </u>				
ctive date, if o	ther than the date o	of filing:	19-202	<u>3(or</u>	otional)
effective date is lis :: If the date ins	ted, the date must be spe erted in this block do	cific and cannot be prior to es not meet the applicab	date of filing or le statutory fil	r more than 90 days at ling requirements, t	ter filing.) Pursuant to 60 his date will not be lis
		ent of State's records.	•		
•	elayed effective date,	but not an effective time	e, at 12:01 a.n	n. on the earlier of:	(b) The 90th day aft
filed.					
. D2	-19-2027				
ea <u>V</u>	·	<u></u>	- ·		
	- M	10			
	AP. 1	ETEINS			
ed <u>D7</u>	Signate	GTEIND are of a member or authori	zed representat	ive of a member	