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Division of Corporations

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To:		•	٠.
	Division of Co	rporations	1
(4)	Fax Number	: (850)617-6383	
, ≘ From:			-
	Account Name	: DES-MATT, INC	L
•	Account Number	: I201800 00 078	٠,
• •	Phone	: (352)223-3911	~
	Fax Number	: (853)318-8218	
Enter :	the email address ual report maili	s for this business entity to be used for future ngs. Enter only one email address please.	
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Corporate Filing Menu

S. ROBERTS

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOLIVIERA		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L23000066203		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Liability company here:	
N/A		•
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	1023
Principal office address MUST BE A STREET ADDRES	<u></u>	
		1
	-	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		<u>ं</u> • ऽ
		_
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Florid	
ew Registered Agent's Signature if -	Crŋ [,]	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 Title Name Address Type of Action 3407 Harlequin Dr. MGR Yeszenia G. Gulloso Carrasquilla Saint Cloud, FL 34772 ____ Change _____ □Add _____ Change

______ □Remove

_____ 🗀 Add

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective fan effectiv	date, if other than the date of filing: (optional) ve 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 day.
locument'	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
	secifies a delayed affective days by
	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
record sp d is filed.	NE 07 2023
record sp d is filed. # n	NE 07 2023
record sp d is filed. # n	NIT 07

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