L23000105324

(Requestor's Name)
(Address)
(Address)
(1001000)
(a) (b) (d) (b)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boothich Hamber)
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11/17/23--01028--028 **25.00

2023 KIN 17 KH 9: 39

Ch 12/2/2013

COVER LETTER

Division of Corp					
SUBJECT:	_	d Liability Company			
	(vane or rounce				
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.			
	ndence concerning this matter to				
	MANUEL CANDAL				
		Name of Person			
	CANDAL ADVISORS INC				
	Firm/Company				
	1250 E HALLANDALE BE	ACH BLVD , STE 404			
		Address			
	HALLANDALE BEACH.	FL 33009			
		City/State and Zip Code			
	MCI@CANDALADVISOR		iestion		
		o be used for future annual report notifi	Rations		
For further information of	concerning this matter, please ca				
MANUEL CANDAL		786 800 0136 at ()			
Name (of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	the following amount:				
\$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 Addr Registration	Section	Street Address: Registration Se Division of Co			
Division of P.O. Box 63	Corporations 327	The Centre of			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 [1011 17 ALL 9: 39

Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)	
ility Company were filed on	02/28/2023	and assigned
ing:		
ne limited liability company l	<u>iere</u> :	
ls "Limited Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
le:		
ADDRESS)		
		<u> </u>
<u></u>		
istered office address on our here:	records, enter the	name of the new register
Enter Fi	orida street address	
5.1.0. 7.		
City	, Florid	a Zip Code
	ility Company were filed on ing: le limited liability company has "Limited Liability Company," the le: 4DDRESS) DX) istered office address on our here: Enter File	ing: Is "Limited hiability company here: Is "Limited Liability Company," the designation "LLC" or the: ADDRESS) Is tered office address on our records, enter the here: Enter Florida street address , Florida

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>	<u>Name</u>	Address	Type of Action
PSD	GIOVANNI BOMBACE	11360 NW 72ND TER, DORAL , FL 33178	= Add
PRESIDENT			
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
		<u> </u>	🗆 Add
			□Remove
			□ Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change.

INCLUDE THE EIN OF T	HE COMPANY: 36-5061868	
		
-		
-		
	· · · · · · · · · · · · · · · · · · ·	
ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this becomment's effective date on the light	ist be specific and cannot be prior to date of filing or more than 90 days a clock does not meet the applicable statutory filing requirements.	otional) fter filing.) Pursuant to 605.0207 (3 this date will not be listed as th
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
NOVEMBER 9	2023	

Typed or printed name of signee