LZ3000120415

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8)	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900411099029

08/27/23--01020--011 ++30.00

2023 JUN 27 PH 3: 04
SERRE WRY OF STATE

M

COVER LETTER .

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
Balseros Jo	oyeria LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Yeneydi Castillo Abreu			
		Name of Person		
	Balseros Joyeria LLC			
		Firm/Company		
	17715 NW 62 PL N			
		Address		
	Miami FL 33015			
		City/State and Zip Code		
	balserosjoyeria@gmail.com	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	-	,	
Yeneydi Castillo Abreu		305 3998853		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
L- \$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 Addre Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632	27	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALSEROS JOYERIA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 03/07/2023	and assigned
Florida document number L23000120415		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabilities"	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		35 33
		注意 2
Enter new mailing address, if applicable:		522 J
(Mailing address MAY BE A POST OFFICE BOX)		SO P
		ကြယ္ ယူ 🔾
		- P
B. If amending the registered agent and/or registered office a	ddress on our records, enter the na	T
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	City .	Zin 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.

			-	
				
				
				
				<u> </u>
				
		••••		
				···-
	05/31/202) ?		
Effective date, if other than the d	late of filipa-		(optional)	uant to 605 0207 (3
Note: If the date inserted in this bloc	ck does not meet the appl	icable statutory filing r	equirements, this date will n	ot be listed as th
document's effective date on the Dep	partment of State's record	ls.		
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
MAY 31,	2023			
Dated	, O+. , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·		
71,09	Fille			
ų (~ViA∠	200 4 ·			
y Stu	Signature of a member or au	thorized representative of	a member	

Filing Fee: \$25.00

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
MGR	YENEYDI ABREU CASTILLO	17715 NW 62 PL N MIAMI FL 33015	≅ Add
			□ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		Change	
			🗀 Add
			□Remove
			□ Change