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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	SONS LLC.		
SUBJECT:		ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS GARCIA SERRANG	0	
		Name of Person	
	FATHER 2 SONS LLC.		
		Firm/Company	72
	233 FALL GLO RD		223 F SX 24
	<u> </u>	Address	21
	WINTER HAVEN FL 338	380	<u> </u>
		City/State and Zip Code	
	LUISGARCIA@FATHER		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti	itication)
LUIS GARCIA SERRA	-	863 377-1525	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sc	ction
Division of C	corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, l		The Centre of T	Fallahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000122409</u> .	ny were filed on MARCH 8, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	- 3
		71.
		2
Enter new mailing address, if applicable:		1-
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
(Maining address MAT BE A FOST OFFICE BOX)		<del></del>
		$\overline{\omega}$
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	e of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

**FATHER 2 SONS LLC.** 

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>	Address	Type of Action
AMBR	MAXIMO VIDAL GONZALEZ	233 FALL GLO RD WINTER HAVEN FL 33880	≣Add
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 d lock does not meet the applicable statutory filing requirement	_ <b>(optional)</b> lays after filing.) Pursuant to 605.020° ents, this date will not be listed as
record specifies a delayed effectiv Lis filed.	ve date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
MAY 18	2023	369 -
ated	·	المديد ما المديد المديد
		77 ALM E636
1)('	Signature of a member or authorized representative of a member	
LUIS GARCIA SERRA	ANO	Ari 6
	Typed or printed name of signee	

Filing Fee: \$25.00