L23000 13674

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





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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: ELG	lictsal Lau	un EMBINTAINC ited Liability Company	once LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Wizeth</u> Stecconi	Steccon Name of Person 15 Tax Saruk	as é More
	1906 Va	Firm-Company Rouh Address	3t.
	North He	XT FL 3U City/State and Zip Code	291
	halpingsuf	to be used for thure annual report note	•
For further information co	oncerning this matter, please ca	all:	7
Wizch &	Hecconi Person	at (<u>QUL</u>) <u>526</u> Area Code Daytim	5 · 30001
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Li \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is miclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL Quetzal	ted Liability Company (A Florida Limited Liab	E Maintana as it now appears on our reco odity Company)	anca LLC
The Articles of Organization for this Limited L. Florida document number <u>L23000</u>	iability Company we 131674 (ere filed on 3/16/2	2023 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabilit	y company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company " the designation "I I	(C'') or the abbreviation N. I. C."
Enter new principal offices address, if applied	-	Company, the designation is	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
	-		
Enter new mailing address, if applicable:	-		<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)		
	-		
B. If amending the registered agent and/or agent and/or the new registered office addre		lress on our records, <u>ent</u> c	er the name of the new registere
Name of New Registered Agent:	Juar	n Juan	Miguel
New Registered Office Address:			
		Enter Florida street addi	POS
	***************************************	, l	FloridaZip Code
		v uj	гар Соас

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
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			□Change
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effective date is listed, e: If the date inserte	er than the date of I the date must be specified in this block does in the on the Department	ic and cannot be plice not meet the appl	icable statutory			
ord specifies a delag	yed effective date, bu	t not an effective	time, at 12:01	a.m. on the earli	er of: (b) The	90th day after t
a <u>May</u>	5th	202	<u>3</u> .			

Filing Fee: \$25.00