## L23000171254

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## **COVER LETTER**

TO: Registration Division of C	Section orporations		
MORENO SUBJECT:	O'S ENTERPRICES LLC		
	Name of Li	imited Liability Company	
			2023
The enclosed Articles of	of Amendment and fee(s) are st	ibmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	2023 AUS 1 1 PH 2: 0
	Rosangela Moreno		2:
		Name of Person	<u>_</u>
	MORENO'S ENTERPRI	CES LLC	
		Firm/Company	<del></del>
	2170 POLO GARDENS	DR Apt 302	
		Address	<del></del> _
	WELLINGTON, FL 3341	14	
		City/State and Zip Code	
	morenointer78@gmai.com		
for further information (	E-mail address: concerning this matter, please o	(to be used for future annual report not call:	ification)
Maylen Tocabens		754 444-9923 at ( )	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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	Section	Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	
		2413 N. MONTO	e Street. Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023	
AUS:	

MORENO'S ENTERPRICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/06/2023}{1}$ and assigned Florida document number  $\frac{1.23000171254}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: San & Mor Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2170 POLO GARDENS DR Enter new principal offices address, if applicable: **APT 302** (Principal office address MUST BE A STREET ADDRESS) WELLINGTON, FL 33414 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

New Registered Office Address:	Enter Florida street address

## 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	
A STOD -	المراوية والمراجع والمراجع	3.1

•					
A	A.	IBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and other. If the date inserted in this block does not me	cannot be prior to	date of filing or n	nore than 90 days a	after filing.) Pursi this date will r	uant to 605.020 not be listed a
cument's effective date on the Department of St		•			
ecord specifies a delayed effective date, but not a is filed.	an effective tim	e, at 12:01 a.m.	on the earlier of	f: (b) The 90tl	h day after the
ted May 3rd	2023				
Signature of a m	nember or authori	zed representative	e of a member		

Filing Fee: \$25.00