L23000172938

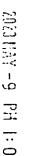
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Fillian Officer
Special Instructions to Filing Officer:

Office Use Only



500408251145

05/96/20 -01101 -019 ••L7.13



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:		IS LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	· 53	
		-	77% 	
Please return all correspo	ondence concerning this matter	to the following:	9	
	Erick	LLC Firm/Company	PH 1: 07	
	94293	W 76 St Address	<u>App</u> W35	
	Miami eyselz E-mail address:	City/State and Zip Code OZO @ 9 m code to be used for future annual report i	acil.com	
For further information c	oncerning this matter, please ca	all;		
& vick Name o	LIVIAND Person	at (A) Area Code Day	59-8202 time Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section	Street Address: Registration S Division of C	Section	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERKI	5 44	C				
(Name of the Limite	d Liability Company as A Florida Limited Liabil	it now appears on ou ity Company)	r records.)		_	
The Articles of Organization for this Limited Lia Florida document number <u>L Z 3</u> <u>OO O</u>	bility Company wer	e filed on <u>Apr</u>	17,202	23 and	assigned	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liability	company here:				
The new name must be distinguishable and contain the wo	rds "Limited Liability C	ompany," the designation	on "LLC" or the ab	breviation	"L.L.C."	_
Enter new principal offices address, if applica	ble: _			<u> </u>		_
(Principal office address MUST BE A STREET	<u>`ADDRESS)</u>				6-1781 S	<u>:</u> :
Enter new mailing address, if applicable:	_			· . · · ,		, ,
(Mailing address MAY BE A POST OFFICE B	<u> </u>			176 1781 1781	1: 07	<i>,</i>
B. If amending the registered agent and/or reagent and/or the new registered office address		ess on our records	, enter the nam	e of the	new regis	<u>tered</u>
Name of New Registered Agent:	Erick	Livio	100			
New Registered Office Address:	94 29 SW	76 SF Enter Florida stree	APP U	<i>U3</i> 3	Γ	_
	94 29 SW	<u>ani</u> City	Florida	33. Zip Co	<u>/_) </u>	_

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>	Name	Address	Type of Action
MBR	Brick Bonzalez-Liviano	4429SW 76 3+ Ap W	
	ountailez-Liviand	Mami F1 33173	🗆 Remove
			Change
AMOR	Own Warinas	10302 SW 127 pl	
		Miani F1 33186	🗆 Remove
			□Change
AMBR	Yisel Lemus-Salo	2 9429 JW 76 St	₩ Add
		APP W35	□Remove
		Miani F/ 33/86	2 □Change
			□Add
			_ □Remove
		· · · · · · · · · · · · · · · · · · ·	□Ghange
		· · · · · · · · · · · · · · · · · · ·	
			☐ □Remove
			_ □Change
			□Add
			EJRemove
			🗆 Change

				•	
		·-			
					<u> </u>
					
					
	-				
		<u></u>			
			-		
			, ,		
ffective date, if other than the date of filing an effective date is listed, the date must be specific and		date of filing or more t	(option: ian 90 days after fili		a to 605.02
ote: If the date inserted in this block does not no cument's effective date on the Department of S		le statutory filing rea	quirements, this da	ite will not	be listed
seament 3 circetive date on the Bepartment of 2	nate 3 records.				
record specifies a delayed effective date, but not	an effective time	e at 12:01 a m. on th	e earlier of: (b)	The 90th d	av after ti
is filed.					ay 112101 11
ated May 5	. <u>2023</u>	. •			-25
$/\sim$	_				AVA CCur
-65				· · · · · · · · · · · · · · · · · · ·	
Signature of a	member or authoriz	ed representative of a	member		9
Erick Gor	vanla-	1:010	nia		<u></u>
V. 1010	Typed or period	- U/7/4/	<i>V V</i>	· · · · · · · · · · · · · · · · · · ·	1 : 07

Filing Fee: \$25.00