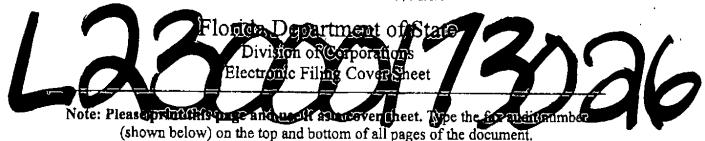
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Fmail	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RATE MY PROMOTERS LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO:	Registration S Division of Co			
ČI ID TE		romoters LLC		•
SUBJE	.C1:	Name of Lin	nited Liability Company	<u>.</u>
The enc	losed Articles of	Amendment and fee(s) are sub-	nmitted for filing	
		ondence concerning this matter	_	
		Lucia Estrella		
		 -	Name of Person	
		Licenses & Permits LLC		
			Firm/Company	
		8300 W Flagler st Suite 1	14	
			Address	
		Miami, FL 33144		
			City/State and Zip Code	
		licenses 114@gmail.com E-mail address: (to be used for future annual report noti-	fication)
For furth	ner information o	oncerning this matter, please c	all:	
Lucia Es	strella		305 226-8727	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25.	00 Filing Fee	S30.00 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 Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.
-	(A Florida Limited Liability Company)	
he Articles of Organization for this Limited	Liability Company were filed on A	pril 7 2023 and assigned
lorida document number L23000173026	,	
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company h	ere:
· · · · · · · · · · · · · · · · · · ·		
he new name must be distinguishable and contain the	words "Limited Liability Company," the c	fesignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE		,
Thicipul office unuress most be ASTRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
		7.3 (m)
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE</u>	<u> </u>	
		<u> </u>
To the state of th	1	١ - ١
. If amending the registered agent and/or tent and/or the new registered office addr		ecords, enter the name of the new regi
		: 2
Name of New Registered Agent:	Gaston J Pontes	<u> </u>
New Registered Office Address:	18181 NE 31 St Court Apt 2007	
	Enter Flor	ida sireet address
	Aventura	, Florida ³³¹⁶⁰

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

P.004/005

11/20/2023 04:11

(FAX)

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
CEO	Fernando J Rivero	1420 NE Miami Place Apt 1907	DAdd
		Miami, Fl 33132	≅Remove
			□Change
		<u> </u>	OAdd
			□Remove
			□ Change
		_	□Add
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Filing Fee: \$25.00 .