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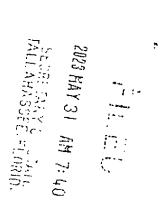
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A. RIVERS

JUL 2 5 2023

COVER LETTER

Division of Corporations NATASCHA GONZALEZ "LLC" SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NATASCHA GONZALEZ Name of Person NATASCHA GONZALEZ "LLC" Firm/Company 516 E 17 ST Address HIALEAH FL 33010 City/State and Zip Code GNATASCHA0967@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NATASCHA GONZALEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$35 00 Fiting Fee & **\$25.00** Filing Fee ☐ \$30.06 riting hee di 🗓 \$50.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATASCHA GONZALEZ "LLC".			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	ility Company were filed on 04/18/2023	and assig	med
lorida document number L23000225472	·		
his amendment is submitted to amend the follow	ing:		
If amending name, enter the new name of th	ne limited liability company here:		
he new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.	C."
inter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u> </u>		
3. If amending the registered agent and/or regi gent and/or the new registered office address b	istered office address on our records, <u>enter the na</u> nere:		
Name of New Registered Agent:		2023 HAY 31	- \
New Registered Office Address:	D. Cl. (C.)		·.
	Enter Florida street address	五	1**
	, Florida, Florida	Zip Code 5	
	Ç11,7		

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NATASCHA GONZALEZ	516 E 17 ST HIALEAH, FL 33010	
			□Remove
			□ Change
MGR	NATASCHA GONZALEZ	516 E 17 ST HIALEAH, FL 33010	
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00