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LLC Amend

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Subječt:	The 300 1	_LC	
SUBJECT:	. 1 🔾	ited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	
	Jen 1	Name of Person	
	J	20 Diony Firm/Company	
	3537, per	r Rdg Address	
	Royal Pa	Im Beach F City/State and Zip Code	1 33411
	Jendi	azv @ (cloud. do be used for future annual report noti	Lon
For further information c	E-mail address: () oncerning this matter, please ca		fication)
Jenfil D	iaz	at ( <u>689</u> ) 242	0533
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF.

The	300 LL	.C	2023 SEP 11	PM 12 16
(Name of the Limited L.	iability Compan Iorida Limited Ei	y as it now appears on ability Company)	our records 4 ft Y	VF STATE
The Articles of Organization for this Limited Liabil Florida document number <u>しょうりの</u> とす		were filed on <u>05</u>	<u> 505   111  </u>	3 and assigned
This amendment is submitted to amend the followin	ig:			
A. If amending name, <u>enter the new name of the</u>	limited liabil	lity company here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the design	nation "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	: <i>DDRESS)</i>	353 P Royal P	iper Ro Palm Ber	dg ach Fl, 33411
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	지			
B. If amending the registered agent and/or registagent and/or the new registered office address he		ldress on our recor	rds, <u>enter the na</u>	ume of the new registered
Name of New Registered Agent:	ت	ienfil Di	iaz	
New Registered Office Address:	35	53 P. Pes Enter Florida s	Rdg F	-1. 334//
_	Royal	Palm Beac	<u>Љ_</u> . Florida	33411 Zip Code
Nav Dagietarad Agant's Signatura, if changing Dagie				espect some

<sup>&</sup>lt;sup>1</sup> 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. Thereby 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

Title .	<u>Name</u>	<u>Address</u>	Type of Action
			⊐Add
			□Remove
			□Change
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		<del></del>	□Change
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n effe <u>te:</u>	ve date, if other than the date of filing:
core s fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ed _	2023  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a memor or authorize Prepresentative of a member
	Jenfel Diaz Typed or printed name of signee