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(Re	equestor's Name)	-
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Statu	s
Special Instructions to	Filing Officer:	
1.09.0	5.23	

Office Use Only



100411664541

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:			
The enclosed Articles of	ENE LAPEZ Name of Person Firm/Company GIB MESTY OARS LA Address Paraparo BEACH TL 33069 City/State and Zip Code LoPLZNENLAG LANGUAGE Code LoPLZNENLAG LANGUAGE CODE E-mail address: [Que used for future enhand report notification) mation concerning this matter, please call: LopLZ Name of Person at 305 Area Code Daytime Telephone Number The following amount: Certificate of Status Certified Copy (additional copy is enclosed) Address: Tration Section On of Corporations Street Address: Tration Section Division of Corporations		
Please return all correspo	indence concerning this matter	to the following:	
	Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Company		
		Firm/Company	
	616 Mz	STY DAKS LH	
	/	EACH FL S City/State and Zip Code	,
For further information co			ication)
Bene Name o	ferson	at (<u>305</u>) <u>203</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		Portugue
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S			tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 15/12/2023 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2300025</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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	Name	Address	Type of Action
MGR	Rene A. Lopez	66 Misty Oaks Ln Pompano Beach FL 330	
		Kompano Beach FL 330	<u>069</u> □Remove
			□ Change
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		 	🗆 Кеточе
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