## 123000253851

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

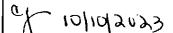


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Office Use Only



## COVER LETTER

TO: Registration So Division of Cor		•		<b>1</b> 0
	RD 505 LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	wnitted for filing		
	ondence concerning this matter			
	MARCELA A NAVAS D	E OSORNO		
		Name of Person		_
	ON BOARD 505 LLC			
	-	Firm/Company		_
	5559 NW 72nd Avenue			
		Address		_
	MIAMI, FLORIDA 33166	5		
		City/State and Zip Code		_
	info@portenconsulting.com		· ·	
For firsther information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no	tification)	
Marcela A Navas de Osorno		305 487-8990 at ()		
Name o	f Person	Area Code Daytir	me Telephone Numbe	er
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632		The Centre of		010
Tallahassee,	rl 32314	2415 N. Monro	oe Street, Suite:	910

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 27 AH 7: 39 ON BOARD 505 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/24/2023}{}$ Florida document number \_\_\_\_\_L23000253851 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 \_, Florida \_

## 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	JULIO H OSORNO	9052 NW 114TH TER	□Add
		HIALEAH GARDENS, FL 33018	■Remove
			□Change
			□Add
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			Change
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ffective date if other than the dat	a of filing:		(ontional)	
ffective date, if other than the dat an effective date is listed, the date must be s	specific and cannot be prior to	date of filing or more than	n 90 days after filing.) Pursua	ant to 605.0207
	does not meet the applicab	le statutory filing requi	irements, this date will no	ot be listed as t
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