123000254678

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

Office Use Only



300410169883

08.14.13 -81818--818 **25.86

FILED
2023 JUNIT PHIZ: 06
SECRETARY OF STATE

PUL

COVER LETTER

TO: Registration Se Division of Cor						
05291972 1						
SUBJECT:	Name of Lim	ted Liability Company				
	Amendment and fee(s) are sub	mitted for filling				
	indence concerning this matter					
	Luis Armando Mora Jimen	wy				
	05291972 LLC					
		Firm/Company				
	1125 Citare Landing Blyd	, ,				
	1125 Citrus Landing Blvd Address					
	Davenport, FL, 33837					
		City/State and Zip Code				
	105291972@gmail.com	•				
	E-mail address: (to be used for future annual repo	rt notification)			
For further information c	oncerning this matter, please c	all:				
Luis Armando Mora Jimenez		321 301656 at ()	94			
Name o	of Person	Area Code D	baytime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

05291972 LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on May 24, 2023	and assigned
Florida document number L23000254678		
Torida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
L05291972 LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.IC."
C_A if applicables		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202 Se
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		表
		SO TO
B. If himenthing the registered agent and/or registered offic	e address on our records, enter t	the name of Drenew registo
agent and/or the new registered office address here:		- P 0
		μς Οι
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vmer v torua sweet address	
		rida
	City	Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
.			□Add
			□Remove
			Change
			🗀 Add
			Remove
			Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized re-Luis Armando Mora Jimenez

Typed or printed name of signee