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(Requestor's Name)
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07/31/23--01036--003 **25.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: F	l	C	
SUBJECT:	Owering Reche LL Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Oscar	Flores Name of Person	
		Recly LLC Firm/Company	
	413 coll	Address	
	1Kex Larg	City/State and Zip Code	
•		@gmail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Oscar Flores	<u> </u>	at (<u>305</u>)_ <u>509-2</u>	139
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		· · · · · · · · · · · · · · · · · · ·
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on June 12,1	o23 and assigned
Florida document number 23 600 28/808.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3
		4,5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		and the same of th
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida

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

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>	Name	Address	Type of Action
AMBR_	Oscar Flores	423 Collins St.	□Add
		Key Lorgo, FL, 33037	□ Remove
			匠Change
	Recorder		□Add
			Remove
			□Change
AP_	Josuan Perdomo	98 West 1846 ST	□Add
		Bayonne, NJ 07002 U.S.	☑Remove
			□Change
AP_	Walter Perdono	1948 SE 11th St	
		Homestead, Fl 33037 U.S.	ERemove
			□Change
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			□ Change

				
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ote: If the date inserted in this block	does not meet the app	plicable statutory fil	ing requirements, this	date will not be listed
cument's effective date on the Depar	rtment of State's reco	rds.		
record specifies a delayed effective da	ete but not an effectiv	ve time at 12:01 a n	on the earlier of (h)	The O0th day after th
is filed.	ne, out not an enectiv	re time, at 12.01 a.n	i. on the carner or. (b)	The 70th day after th
1/10/100	26 . 2023	······································		
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nted 6/23/2023 June	At-			