L23000288170

(Re	equestor's Name)	_
(Ad	ldress)	
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(Ćit	ty/State/Zip/Phone	: #)
☐ PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
		

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William See and

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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: <u>Uai</u>	ity Dark Name of Lin	LLC . nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Romulo D.	Podriguez Name of Person	
	Pomulo Ro	driguez Kum/Company	
	426 Para	dise island D	>1
	Haines Ci	Hy FL 33844 City State and Zip Code	1, US.
	R. Daniel. R.S.	29 0 9 ma.) . com to be used for future annual report notif	luation)
For further information c	oncerning this matter, please co		
Romub Name o	Lodrquez Person Juez	at (<u>%63</u>) <u>%52</u> Area Code Daytime	2-06-84 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

`	2023 1111 -
Clarity Dark	2023 JUL -5 4F: 7: 3E Dany as it now appears on our records: Liability Company)
(A Florida Limited	Liability Company)
he Articles of Organization for this Limited Liability Compan	v were filed on Clarity Dark Us and assigned
lorida document number <u>L 23000 288170</u>	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lia	bility company here:
NIA	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "LL.C."
nter new principal offices address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
	1.0
nter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BON)	
. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
gent and/or the new registered office address here:	address on our records, enter the name of the new register.
Name of New Registered Agent:	NA
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida 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 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>	<u>Name</u>	Address	Type of Action
<u>MG R</u>	Lomulo D. Rodriguez	426 Paradise Island Dr Hornes, City FL 33844,	ETAdd US □Remove
			□Change
			🗀 Add
			□Remove
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			□Add
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ffectiv	be date, if other than the date of filing: $\frac{66/21/2023}{}$ (optional)
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocume	nt's effective date on the Department of State's records.
record Lis file	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 d.
ated _	06/21/22
	Signature of a member or authorized representative of a member
	- /
	$\Lambda \Lambda \Lambda$

Filing Fee: \$25.00