## 123000300509

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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2024 SEP -9 AM 9: 06
SECONT PARTY OF TAXABLE AND ADMINISTRATIVE CONTRACTOR OF

2024 SEP -9 AM 9: 10
SECRETARIA OF STATE



## **COVER LETTER**

TO: Registration Se Division of Cor				
	COMPANY LLC			
SUBJECT:	Name of Limi	ted 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:		
	GEMA J BRAVO			
	2.17.0	Name of Person		
	ASESORIA MIGRATORI	A USA		
Firm/Company				
	618 E SOUTH ST SUFFE	500		
	<del>,</del>	Address		
	ORLANDO, FL32801			
		City/State and Zip Code		
		HAMIGRATORIAUSA.COM		
		to be used for future annual report not	(Heation)	
For further information c	oncerning this matter, please c	all:		
GEMA J BRAVO		786 8997803 at ( )		
Name	d Person	at ()	ne 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 (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	Section	Street Address: Registration So		
Division of C P.O. Box 632		Division of Co The Centre of	•	
Tallahassee,			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP -9 AM 9: 10

NATIVO COMPANY LLC

SECRETALL OF STATE TALLAHASSEE. FL

(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 Co	ompany were filed on 06'	22/2023 and assigned	
Florida document number 1.23000300509	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>c</u> :	
S/A			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	618 E SOUTH S	T SUTTE 500	
(Principal office address MUST BE A STREET ADDRI	ORLADO, FL3	ORLADO, FL32801	
	618 E SOUTH S	T CHEFFU ZW)	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	ORLADO, FL3	2801	
B. If amending the registered agent and/or registered	office address on our re	cords, enter the name of the new registered	
agent and/or the new registered office address here:			
Name of New Registered Agent. N/A			
New Registered Office Address: 618 E	SOUTH ST SUITE 500		
**************************************	Enter Flori	da street address	
ORLA	NDO	, Florida	
	Citi	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			ClAdd
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fective date, if other than the o	date of filing:		(optional)
in effective date is listed, the date must	be specific and cannot be prior	to date of filing or more than 90 d	ays after filing.) Pursuant to 605 020
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