# L23000309206

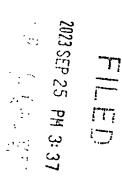
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/25/23--01021--009 \*\*25.00





## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name	of the Limited Liability Con-	pany as it now appears on our re I Liability Company)		
The Articles of Organization for this L Florida document number $\angle 230$ This amendment is submitted to amend	(A Florida Limited	Liability Company appears on our		
Florida document number $\frac{230}{230}$	imirate.	Company)	cords.)	
monthumber $\leftarrow 22$	~ _ Compan	V Wero Ci . A /		
This amond	200,309200	were filed on6/2	7/22	
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This amendment is submitted to amend  A. If amending name, enter the new to the new name must be distinguishable and th	the following:			5/10/
amending name, enter the now	S			
	name of the limited ligh:	n.		
The new name must be distinguishable and conta Enter new principal offices address, if a (Principal office address MUST BE A ST	eu nabi	lity company here:		
ordist oe distinguishable and conta	in the			
Enter new principal offices address, if a	in the words "Limited Liabiling	Com		
(Principal office address MUST BE A ST	Innlianti	Company," the designation "LLC	***	•
office address MUST RE	.bbaca0le!		or the abbreviation	n "L.I C "
DE A ST	REETADDRESS			
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Free	_			
Enter new mailing address is			. 720	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	^= -	_	S	71
<u> VIFI</u>	E BOX)		יטר	
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If amending the second			- 17 T	<b></b>
gent and/or the now				1,,,,,,
3. If amending the registered agent and/or gent and/or the new registered office addr  Name of New Registered Agent:	registered office address		<del></del>	
- audi	ess here:	S on our records, enter the	် ္က် ယ	
Name of New p		- ter the	name of the new	/ regist-
Name of New Registered Agent:	Tosai			- Cgistere
New Registered Office Address:	- 100 vaca	Pal		
sisted Office Address:	11/2	-05/301		
~	-19221 iv	RHT		
		From Cl ROMY		
	South 1.12 1	riorida street address		
Registered Agent's S:	- Mues 7	Rancho.		
chy s Signature, if changing p	City	Forches Florida	73220	
Registered Agent's Signature, if changing Reeby accept the appointment as registered as signatures of all statutes relative to the properties of the properties of the merely reflect a change in the properties of the properties o	gistered Agent:	~ <b>"</b> -	7io C :	
sions of all statutes relations as registered	agent and		r-ip Code	
ine obligations of mine to the proper	and come agree to act is	n this a.m.		
med to merely reflect position as registe	red or plete performan	ice of I further no	Pan L	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the accept the obligations of my position as registered agent accept the obligations of my position as registered agent as provided for in Chapter 605. E. C. On if the decided 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

## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT:	Mole Sele Ca	entre LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tessic	Name of Person	
		Name of Person .	
	····	Firm/Company	
	14221	LUAA1 RO	OAO
		ON SONE YEROO.  Obe used for future annual report notion	
For further information c	oncerning this matter, please co	all:	
Name o	rpelson	at (SG1) 213 - Area Code Daytime	-2.002_ e Telephone Number
Enclosed is a check for the	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 tadditional 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

· <del>***</del>	•		
	ling Authorized Perso red from our records	on(s) authorized to manage, <u>enter the title, name, and ad</u>	dress of each person being added
MGR =	Manager		
AMBR =	Authorized Membe	r	
<u>Title</u>	Name	Address	Type of Action

<u>Title</u>	Name	Address	Type of Action
MGR	Fernando Cabrera	14221 CURAT ROAD	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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Effective date, if other than the date of filing:	optional) s after filing.) Pursuant to 605.0207 (3) s, this date will not be listed as the
document's effective date on the Department of State's records.	s. this trace with not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier coord is filed.	of: (b) The 90th day after the
Dated September 12 2023.	
Dated September 12. 2023.  Signature of a member or authorized representative of a member	
Jessica Poulson Typed or printed name of signer	

Filing Fee: \$25.00