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(Re	questor's Name)	·
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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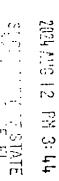
Office Use Only



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08/12/24--01029--022 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Olgo L Octob Garcia	
Firm/Company	
4900 n Macdill Ave A23	
City/State and Zip Code	
For further information concerning this matter, please call:	
0/00 0/eda a.(8/3,279-3/5)	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	Status & y

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

2024 7.UG 1.2 PH 3: 45

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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 lift 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

i to

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>Name</u> Title Address Type of Action □Remove adany Hacerra gaa □Remove _____ □Change ____ □Change _____ □Add □Remove __ □Change Remove □Change_ □Remove

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ffective date, if other an effective date is listed, to total. If the date inserted ocument's effective date.	he date must be specific and in this block does not	nd cannot be prior to dat meet the applicable.	te of filing or more than	(optional) 190 days after filing.) Pur rements, this date will	rsuant to 605,0207 (, not be listed as ti
record specifies a delay Lis filed.	ed effective date, but no	ot an effective time, a	н 12:01 a.m. on the o	earlier of: (b) The 90	
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