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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

LA MANSION DEL AGUA LLC

SUBJECT:					
	Name of Lim	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:			
	LUISANA GIL				
	-	Name of Person	<u></u>	_	
	LA MANSION DEL AGU	A LLC			
		Firm/Company		_	
	4444 GUMBO LIMBO DI	• •			
				2 <b>8</b> 7	
		Address		TAIL TAIL	~
	ORLANDO, FL, 32822			2023 NOV 14 PH 2: 00 SEGNE MARK OF STATE FALL MAKES SEE, FL	 b
		City/State and Zip Code		- 5571 <b>- 47</b> - 5571 - <b>47</b>	1
	mansiondelagua@gmail.coi	n		점속 골	
	E-mail address: (	to be used for future annual report notifi	cation)	2: [ ST/ E, F	
For further information of	concerning this matter, please o	all:		다 8	
Luisana Gil		407 9328460			
***		at ()			
Name e	of Person	Area Code Daytime	Telephone Number	er	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

**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 OF

LA MANSION DEL AGUA LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L23000331999	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		201: SEL
		SEC: UNIVERSEDS
Enter new mailing address, if applicable:		33 <b>₹</b>
(Mailing address MAY BE A POST OFFICE BOX)		ET P
		(****)
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	·
	City	7in 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RG SOLUCIONS GROUP	4444 GUMBO LIMBO DRIVE, ORLANDO, FL, 32822	🗀 Add
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dective date, if other than the date of filing:    ceffective 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 65.   te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed turnent's effective date on the Department of State's records.						
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Filing Fee: \$25.00