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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions t	to Filing Officer:	-
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LLAHASSEE, FLO

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	30 - 4 Fosten Name of Limit	ing LLC red liability Company	<u> </u>
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Francisco Ch	Name of Person	
		Firm/Company	2623
		Address	
	Panama By ?  Panama By ?  Panama By ?  Panama By ?	City/State and Zip Code  14. US  to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca		
Hens Or Name	uf Person	at ( <u>B50</u> ) 2 3 Area Code Daytime	c Telephone Number
Enclosed is a check for	the 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 Registration	Section	Street Address: Registration Se	
Division of P.O. Box 63	Corporations 27	Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 -4 Toster	12ng LL C Lebelity Company as it now appears on Visional Limited Liability Company)	our records.)	
( <del>//ank o/ in//////////////////////////////////</del>	(Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia		7.28.23	and assigned
Florida document number <u>273<i>00</i>0 355</u> 8	<u> 40                                    </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
30 1 Tyles	<i>C</i> .		
30-A Fastening 11 The new name must be distinguishable and comfain the wo	rds "Limited Liability Company," the design	nation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica		<u> </u>	
<u>(Principal office address MUST BE A STREET</u>	<u> "ADDRESS)</u>	<del></del>	20
			3
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	30X)	<u> </u>	****
(Muning unartiss Mart 1919 (1 1 00)			::
			∵ ::: ⇔
B. If amending the registered agent and/or re	oistered office address on our reco	rds, enter the name of	
agent and/or the new registered office address	s here:	-	<del> </del>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	<u></u>
		Marita.	
	City	, Florida 2	ip 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Change
			🗀 Add
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etive date, if other than the date of filing:  effective date is listed, the date must be specific and cannote. If the date inserted in this block does not meet the ment's effective date on the Department of State's	ie applicable su	of filing or more than <sup>Q</sup> atutory filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605 will not be liste
ord specifies a delayed effective date, but not an eff filed.				: 90th day after
ed 02- day of August. 2	<u>023                                    </u>	. 11/-		
ed 02- day of August . ?  Tran  Signature of a member	USO C	Machillo representative of a mer	nher	

Filing Fee: \$25.00