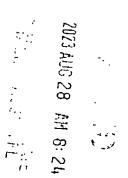
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(Re	equestor's Name)	
(Ad	(dress)	
(Ad	idress)	-
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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08/28/23--01011--012 **25.00



Office Use Only

cy 9/16/2023

COVER LETTER .

TO: Registration Section Division of Corpo			
SUBJECT: No LA SC	O Holdings	110	
SUBJECT: 1	Name of Lim	ited Liability Company	· · · ·
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Carks Nola	SeO	
		Name of Person	
	-	Firm/Company	
	_6854 NW 173	Drive #209	
		Address	
	Hialeah, FL.	330/5 City/State and Zip Code	
	1 1 0	City/State and Zip Code	
	nolascocarbos	29 Camail. Corn	(<u> </u>
			ification)
For further information con-	cerning this matter, please ca	all:	
Carlos Nobes	0	at (786) 670 - Area Code Daytin	575 ⁵
Name of Po	crson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
22 \$25.00 7 milg rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		<u>Street Address:</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

2023 AUG 28 AH 8: 24 No lasco Ito la limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\partial \mathcal{S}/\partial \mathcal{H}/2073}{}$ and assigned Florida document number <u>£230003</u> 69 109 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:

Carlos Nolasco

6x59 Nw 173 Drive fipt 209

Enter Florida street address

710 leah , Florida 33015

City 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR.	Carlos Nolasco	6854 NIW 173 Drive # 209 . Higherh, f	1 330 Add
			□ Remove
			□Change
MGR.	Carlos Nolasco		□Add
		6854 NW 173 Drive #209 Higheah , FC 33015	ГОКетюче
			□Change
		 	□ Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Rcmove
			□ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Effecti	ve date, if other than the date of filing:
Note:	ective 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 605.0207 (. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as then it's effective date on the Department of State's records.
ne recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	OS/10 , 2023. Park Molasco— Signature of a member or authorized representative of a member
	Yarla Molasco
	Signature of a member or authorized representative of a member Carlos Molasco Typed or printed name of signee
	(arls) //o/asecond Typed or printed name of signee

Filing Fee: \$25.00