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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	y Company as it now appears on our records: Limited Liability Company)
(A Flonda	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $9-21-23$ and assigned
Florida document number	D. 193
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	·
	,
	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
AMBR	Yosdan De la Torre Perez	2035 Everhigh Acres Re Clewiston, Fr 3344	Add ()
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n effective date is te: If the date	Fother than the date slisted, the date must be s inserted in this block of tive date on the Depart	specific and cannot be pri does not meet the appl	licable statutory filin	(option nore than 90 days after file og requirements, this d	ing.) Pursuant to 605.02
cord specifies s filed.	a delayed effective dat	te, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
ted/	1/12/	, <u>30</u> 2	<u></u>		
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	Sign	fatore oca member of au	monzed representativ	a Torre	