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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer.





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COVER LETTER

TO;	Registration Sc Division of Cor						
	SLIP 66 RE	•	•		f		
SUBJECT:							4,
SUBI	rct	Name of Lim	ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Luis Felipe Venerio Salaza	г				
			Name of Person		=		
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Firm/Company							
		13000 Sw 110 Ave			면:	2023 OCT	
			Address			306	i
		Miami /Fl/ 33176				<u>-</u> 3	esta s
			City/State and Zip Code		1)	115	98.
		luisvenerio@gmail.com				 	ź.,,,
F2 12	a		to be used for future annual report notifi	cation)	핕	暦10:32	
		oncerning this matter, please c					
Luis F	Venerio Salazar		305 773-6000				
	Name o	f Person	at () Area Code Daytime	Telephone Number	7		
Enclos	sed is a check for t	ne following amount:					
o√s:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Fi Certifica Certified radditional	te of St Copy	atus &	
	<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Sec	tion			
Division of Corporations P.O. Box 6327			Division of Corp				
			The Centre of Tallahassee				
	Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLIP 66 River LLC (Name of the 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 ______1.23000439022 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 "LLC," 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUIS FELIPE VENERIO SALAZAR	13000 sw 110 ave Miami fl 33176	■ I T Add
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