(Rec	questor's Name)	
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COVER LETTER

Division of Corpo	rations		
SUBJECT /Elazar	22-Loorz Unlin	ited LLC	
John Ch. Day of D	Name of Limited	d Liability Company	
The enclosed Articles of Art	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Michael Ve	Clarquer - Grantl	nam
		rane or renar	
		P'(C)	
	C 1-	Firm/Company	
	685 Brian	Circle	
		Address	
	Mary Esther	FL 32.569 City/State and Zip Code	
	M (Antonia Val	be used for future annual report notification	n_
	E-mail address: (to	be used for future annual report notification	on)
For further information con	cerning this matter, please call	;	
Michael Vela-	Lquez-GranHan	at (850) 760 - 40) 2 ephone Number
		·	
Enclosed is a check for the	following amount:		
S25.00 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 Address:		Street Address:	

Registration Section

TO:

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 TO ARTICLES OF ORGANIZATION - 23007 3 PM D. 32

VELAZQUEZ-LOPEZ UNLIMITED LLC

(Name of the Limited Liability Company as it now appears on our reco.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.23000449646		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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)		
	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	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	KIMBERLY G VELAZQUEZ	685 BRIAN CIRCLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		MARY ESTHER, FL 32569	□Remove
			■Change
AMBR	MICHAEL A VELAZQUEZ-GRA	685 BRIAN CIRCLE	□Add
		MARY ESTHER, FL 32569	□Remove
			Change
			🗆 Add
			□Remove
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Effective date, if other that (If an effective date is listed, the date Note: If the date inserted in the document's effective date on	ate must be specific and can this block does not meet	the applicable statutor	ng or more than 90 days a	ptional) fter filing.) Pursuant to 605.03 this date will not be listed	207 (3) as the
he record specifies a delayed cl ord is filed.	ffective date, but not an	effective time, at 12:01	l a.m. on the earlier of	(b) The 90th day after t	he
Dated 10-3-20)23	·			
m	Signature of a men	nber or authorized represe	entative of a member		
Micha	el Velaz				