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PICK-UP WAIT MAIL
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## **COVER LETTER**

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eron rezea	Florida Va	queras LLC	ř		
SUBJECT		Name of Lin	nited Liability Company		
			, , ,		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter			
		Allison Monzon			
			Name of Person	<del></del>	
		ZenBusiness INC		201 SF	
			Firm/Company	3 DE	est.
		336 E. College Ave Suite	301	C 18	•
			Address		
		Tallahassee, FL 32301		2023 DEC 18 PH 3: 42 SECRETARY DE STATE FALL MILES SEE, EL	
		fultillment@zenbusiness.co	City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	fication)	
For further	information c	oncerning this matter, please c	all:		
c/o ZenBı	isiness INC		844 493-6249 at ()		
	Name o	f Person		e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres	_	<u>Street Address:</u> Registration Se	ction	
D	ivision of C	orporations	Division of Cor	porations	
	.O. Box 632 allahassee, I		The Centre of T		
	ananassee. I	1. ラニス 1.寸	Z410 IN. MIONTO	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Vaqueras LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on 2023-09-28 and assigned
Florida document number 1.23000450085	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Isabella Cortes LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20
	75. 23. E.C.
	-m m
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Maining duaress MAT BE A POST OFFICE BOX)	
	——————————————————————————————————————
If amonding the maintained agent and/an animal agent and	1'1
3. If amending the registered agent and/or registered office address or igent and/or the new registered office address here:	n our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	E
Circ	, Florida

## 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
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/s/ Isabella C							
/s/ Isabella C	Signature of a m						