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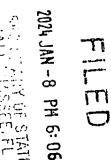
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Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO! Registration Sec Division of Corp			
SUBJECT:	LUZI MENDEZ Name of Limi	LLC . ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LUZ ST	Name of Person	
		Firm/Company	
	250 - 17	Address	014
	SUNNY ISLE	ES BEACH FL  City/State and Zip Code  6 G GMAIL COM- to be used for future annual report noti	33160
	102 realtor 19	6 6 Amail Come to be used for future annual report notifications	fication)
For further information co	ncerning this matter, please ca		
Name of	Person	at (786) 247 - C Area Code Daytim	146 4 e Telephone Number
Enclosed is a check for the	e 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)

Mailing Address: Registration Section

TO!

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

LUZIMEA		_		
( <u>Name of the Limite</u>	<b>d Liability Co</b> A Florida Lim	mpany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia			<u>0  30  2023</u>	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited	liability company her	<u>·e</u> :	
950 HILLCREST DR. The new name must be distinguishable and contain the we	L·L·C ords "Limited I	Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A		
Principal office address MUST BE A STREET	TADDRES:	<u>s)</u>		2024
Enter new mailing address, if applicable:  'Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or re		N/A ————————————————————————————————————	Cords, enter the name	JAN -8 PM 6: 06
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	40	Enter Flori	da 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
			□Add
		. <u>.                                   </u>	□Remove
			□ Change
		<del> </del>	□Add
			□Remove
			□Remove
			Change
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n en He:	date, if other than the date of filing: 12/28/2023 (optional) we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	0207 d as
ecor is fi	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
1	December 28, 2023.	
nca		
iica	Signature of a member or authorized representative of a member	