## L23000501494

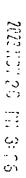
(Requestor's Name)
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(Business Entity Name)
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Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.





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## **COVER LETTER**

TO:	Registration Se Division of Cor		÷			
SUBJI	RESET DE	SIGN LLC				
SCDJI	EC1:	Name of Lin	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		MARLEN BACERIO				
		· ·-	Name of Person			
		CHEPENIK PUENTE & S	STEIN, CPAs			
		<del></del>	Firm/Company			
		11120 N KENDALL DR,	STE 200			
		Address				
		MIAMI, FL 33176				
			City/State and Zip Code			
		MARLENE@CPSCPAS.C	OM			
		E-mail address: (	to be used for future annual report no	tification)		
For fur	ther information co	oncerning this matter, please o	all:			
MARL	LEN BACERIO		305 273-8008 at ()			
•	Name of	Person	Area Code Daytii	me Telephone Number		
Enclose	ed is a check for th	e following amount:				
<b>■</b> \$2.	5.00 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	<u>s:</u>	Street Address:			

Mailing Address:
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 AMENDMENT ARTICLES OF ORGANIZATION **OF**

any as it now appears on our records.) Liability Company)	
y were filed on NOVEMBER 3, 2023	and assigned
bility company here:	
ility Company." the designation "LLC" or the	abbreviation "L.L.C."
92 SW 3RD STREET, APT 4303	
MIAMI, FL 33130	20
	VON CONTRACTOR
92 SW 3RD STREET, APT 4303	20
MIAMI, FL 33130	-3 .
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address on our records, enter the na	ame of the new regis
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Florida	2 2 1 2/1
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DECEMBER OF STREET

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.

> Catalina GRES If Changing Registered Agent, Signature of New Registered Agent

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
MGR	KAREN KRESCH	1502 EL RADO ST	
		CORAL GABLES, FL 33134	■Remove
			□ Change
MGR	NATALIA CERTUCHA	1502 EL RADO ST	
		CORAL GABLES, FL 33134	<b>≡</b> Remove
		<del>-</del>	□Change
		<del> </del>	
			□Remove
			□Change
			□Remove
		·	□Change
			□Add
			□Remove
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			□Add
			□Remove
			Changa

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		Signature of a member or authorized representative of a member
CATALINA CORTES		
		Typed or printed name of signee