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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer





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## **COVER LETTER**

Division of Corpor			
SUBJECT: Heavy	Name of Lim	ited Liability Company, LLC	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Cesor To	Name of Person	
		Firm/Company	
	5(63 Was	hington Rul Address	
-	Delray B cesartores E-mail address:	City/State and Zip Code  67 @ hotmail.co  to be used for future annual report notified	3484 cation)
For further information conc	erning this matter, please ca	alł:	_
Ces of Pe	rson	at (561) 506 Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		Ų.
\$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)
<u>Mailing Address:</u>		Street 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 TO ARTICLES OF ORGANIZATION OF

(A	Florida Limited Li	ability Company)	,	
The Articles of Organization for this Limited Liab	oility Company v	were filed on 11-	07-2023	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t				
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET		51 De 334	63 Wash Vay Be	ington Rd ach, El
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		5 63 W. 1124 Beach 3484	eshington R h, Fl.
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:  New Registered Office Address:	· <u> </u>	Pesar T - 167 Was Enter Florida	dington I	21
	Delray	Beach	, Florida	33+84 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 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	☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove
MGR	CESAR TORRES	S163 Washington Rd. Sadd Delroy Beach, Pl. 33484    Chang   Add   Remore   Add   Remore   Add   Remore   Add   Remore   Add   Remore   Add	<b>⊠A</b> dd
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amenumg	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effective of the lifthe	ate, if other than the date of filing:  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 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	05.020 sted a
record spec d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter th
ated 08	3-05-2024	
	/ P	
_	Signature of member or authorized representative of a member	