## L23000512100

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## **COVER LETTER**

TO: Registration Se Division of Cor		*	
subject: SA	RMIENTO L	AW PLLC ited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Francesa	2, Sarmie	onto
	SARMIEN	Firm/Company PLLC	<u> </u>
	(21) NW	14 xh St Address	
	Surrisa/FI	333\3 City/State and Zip Code	
	Francesca   s	sar miento a) gma to be used for future annual report notifica	ion) com
For further information c	concerning this matter, please co	all:	2023
Inanceso Name o	a Sarmiant		1-(083-609E) elephone Number
Enclosed is a check for the	he following amount:		560.00 Filing Feet
\$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 Addres</u> Registration (		Street Address: Registration Section	on
Division of C		Division of Corpo	
P.O. Box 632	27	The Centre of Tall	
Tallahassee. I	FL 32314	2415 N. Monroe S	street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARMIENTO L	AW, PLLC	
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	13, 2023
The Articles of Organization for this Limited Liability Con-	npany were filed on November	
Florida document number <u>L23000512100</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the r</u>	name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		N 2
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	THU I
		9: 3 FL
·	, Florida , Florida	I 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	Francesca L. Sarmie	Mo Cezyl NW 14th St Survise, FL 333	Add
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<u>te:</u> If the date inserte	r than the date of file the date must be specific ed in this block does not te on the Department of	ot meet the applic	able statutory filing	ore than 90 days after fig requirements, this c	ling.) Pursuant to a date will not be li	<b>คร</b> ,020 isted as
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cord specities a delay s tiled.	yed effective date, but	not an effective ti	me. at 12:01 a.m. o	on the earlier of: (b)	The 90th day af	fter the
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