L23000519559

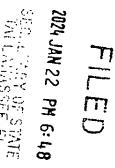
am
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800422393378

01/22/24--01020--020 **25.00



COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	:		
VELASQU	EZ NANCY DEL VALLE LI	.C			
SUBJECT:	Name of Lin	aited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	VELASQUEZ NANCY D	EL VALLE			
		Name of Person			
	VELASQUEZ NANCY D	EL VALLE LLC			
	ANCY DEL VALLE Same of Einited Liability Company Telephone Number Street Address: Part of Person VELASQUEZ NANCY DEL VALLE Name of Person VELASQUEZ NANCY DEL VALLE Name of Person VELASQUEZ NANCY DEL VALLE Name of Person VELASQUEZ NANCY DEL VALLE LLC Firm/Company 2561 NW 84 TH AVE APT 201 Address DORAL FL 33122 City/State and Zip Code Idiprictorealtor@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: VANCY DEL VALLE Name of Person Area Code Daytime Telephone Number Seck for the following amount: g Fee S30.00 Filing Fee & Certified Copy (certified Copy (certified Copy (codditional copy is enclosed) Certified Copy (codditional copy is enclosed) EAddress: Faction Section Division of Corporations				
	Name of Person VELASQUEZ NANCY DEL VALLE LLC Firm/Company 2561 NW 84 TH AVE APT 201 Address DORAL FL 33122 City/State and Zip Code liliprictorealtor@gmail.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: ASQUEZ NANCY DEL VALLE Name of Person Area Code Daytine Telephone Number Dosed is a check for the following amount: 25.00 Filing Fee Certified Copy Certified Copy				
		Intent and fee(s) are submitted for filing. concerning this matter to the following: LASQUEZ NANCY DEL VALLE Name of Person LASQUEZ NANCY DEL VALLE Firm/Company SI NW 84 TH AVE APT 201 Address ORAL FL 33122 City/State and Zip Code rictorealtor@gmail.com E-mail address: (to be used for future annual report notification) ing this matter, please call: ALLE Area Code Area Code Daytime Telephone Number Sing Amount: 30.00 Filing Fee & Certificate of Status Certificate copy (additional copy is enclosed) Sireet Address: Registration Section Division of Corporations The Centre of Tallahassee			
	DORAL FL 33122				
	liliprietorealtor@ymail.com	•			
			tification)		
For further information c	oncerning this matter, please c	all:			
VELASQUEZ NANCY			6		
Name of Person		Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address					
-		_			
P.O. Box 632	•		•		
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on o mited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
NANCY DEL VALLE VELASQUEZ LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
	-	20
		20 2
Enter new mailing address, if applicable:		
• •		2 T
Mailing address MAY BE A POST OFFICE BOX)		
		≥ - -
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registe
general and the new registered white address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida str	eet 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>	Name	<u>Address</u>	Type of Action
			□ Add
			□Remove
			☐ Change
		<u></u>	□ Add
			Change
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

					-		
					··		

_							
				<u> </u>			
							,
		<u> </u>		<u></u>			
			<u>.</u>		<u>.</u> .		
						· · · · · · · · · · · · · · · · · · ·	
					-		
			· 				
						_	
					<u> </u>		
f an effectiv <u>Note:</u> If th	date, if other that redate is listed, the da- ne date inserted in ta- s effective date on	ite must be specific this block does r	c and cannot be p not meet the ap	plicable statutor			
record spord is filed.	ccifies a delayed ef	Tective date, but	t not an effectiv	e time, at 12:01	a.m. on the ear	flier of: (b) Th	e 90th day after the
Dated	NUARY 16		2024	·			
	Nanc Nan	y Del	Vzlle	Vels	sque	2	
		312Hattire i	ora member or a	umonizen remese	many e mamerin	JC1	

ETTE TO MARION