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(Requestor's Name)	
	Address)	 -
	Address)	<u>. </u>
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	·
(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to F		





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TALLAHASSEE. FLORID

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COVER LETTER

TQ: Registration & Division of Cor			
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SUBJECT:	VERANDA 290	ited Liability Company	
	Name of fam	иссе вланиу сотрану	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NuNEZ	
	•	Name of Person	
	MUICTA	Firm/Company	
		TimeCompany	
	3209 EAGLE	WATCH DR Address	
		Addicas	
	KISSIMMEE, F	City/State and Zip Code	
		_	
	E-mail address: (WEIA O GMAN. 55M to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Mnoin	NUNEZ	at(\begin{align*}321 _)	2624
	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
₺\$25,00 Filing Fee	S30,00 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 Addres	is:	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NEPANDA 270 LLC (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	2024 AUG 30	111 0 7 2 7
	TALL ALLACATE	Ur Stati
The Articles of Organization for this Limited Liability Company were filed on $-G$		
	78/18/24	and assigned
Florida document number <u>(23 0005 2 8 4 9</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reconstruction.	cords, enter the nar	ne of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address: Enter Florid	da street address	
	Florida	
· · · · · · · · · · · · · · · · · · ·		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS A. FLORES	3700 FARM BELL PL	ZAdd
		LAKE MARY / FL 32746	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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ffective date, if other th	an the date of fili	ing:		(opt	tional)	
an effective date is listed, the d lote: If the date inserted in ocument's effective date or	late must be specific; this block does no	ind cannot be prior timeet the applic	to date of filing or neable statutory filir	iore than 90 days aft	er filing.) Pursuan	
record specifies a delayed of is filed.	effective date, but n	not an effective t	ime, at 12:01 a.m.	on the earlier of: ((b) The 90th da	ay after the
ated Algust 28		<u>2024</u>	·			
						
	Signature of	a member or auth	orized representativo	of a member		

T111 11 05 00