## L23000547363

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





800435753748

2024 AUG 30 PM 12: 10 

2024 AUG 30 PM 3: 17 REGEIVED

## **COVER LETTER**

TO: Registration Division of C	Section orporations 🐣 💮 🕏	v.	~
SUBJECT:	Withmonia C		<b>.</b>
SUBJECT:			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIA NUX		
		Name of Person	
	Name of Limited Liability Company  Of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  MARIA NUMEZ  Name of Person  INUICTA LIVING LLC  Firm/Company  3209 EAGLE WATCH DOLUE  Address  RESIMMEE TL 34946  City/State and Zip Code  NUMEZ QUIDOZ MARIA (OGMAL). (OM  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  INEZ  at (321)  Area Code  Daytime Telephone Number  the following amount:  S30.00 Filing Fee & Certificate of Status  Certified Copy  (additional copy is enclosed)  Street Address:  Street Address:		
	3209 EAGL		<del></del>
	MARIA NUNEZ  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  MARIA NUNEZ  Name of Person  INVICTA LIVING LLC  Firm/Company  3209 EAGLE WATCH DOLVE  Address  LESCUMEE   TL 34446  City/State and Zip Code  NUNEZ QUIROZ MARIA (O GMAIL COM  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  UNEZ  at (321) 383 - 2624  Area Code Daytime Telephone Number  The following amount:  S30.00 Filing Fee & Certificate of Status  Certified Copy  (additional copy is enclosed)  Tess:  Street Address:		
	NUNEZQUIBOZ	MARIA @ GMAIL . COM	
	E-mail address; (	to be used for future annual report noti	itication)
For further information	n concerning this matter, please c	all:	
IN AISAM	SEN	at (321 ) 388 - 3	2624
Name	e of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	r the following amount:		
S25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Mailing Add			
Registration		<del>-</del>	
P.O. Box 6	Corporations 327	Division of Cor The Centre of T	
	527 5 FL 32314		a Street Spite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WATERSONG	ma lu		2024 AUG 30 PM 12: 10	
(Name of the Limited (A	Liability Comp Florida Limited	pany as it now appears ( Liability Company)		
The Articles of Organization for this Limited Liab	oility Compan	y were filed on	JALLAHASSEE, FLORIDA and assigned	
Florida document number <u>L2300054736</u>	<u>3</u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liah	oility Company," the de	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Enter new manning address, it applicable: (Mailing address MAY BE A POST OFFICE BO	<b>9V</b> )			
maning address MAT DE ATOST OFFICE DO	<u>7.11</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our re	cords, enter the name of the new register	
agent and/or the new registered ornee address	nere.			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Additess.		Enter Floric	la street address	
		. Florida		
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent	<u>t:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete red agent as gistered offic	e performance of n provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	Luis A. FLORES	3700 FAOM BELL PLACE	Exdd
		LAKE MARY , FL 827216	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[]Change

							<del></del>
			·			· ·	
						<del></del>	<u></u> -
<del>-</del>						·	<del></del>
				<del>.</del>			
<del></del> -	·····•						<del></del>
	<u> </u>			· -		<u> </u>	3
	<del>.</del>			· · · · ·		<u> </u>	<u></u>
						S	<u>ಪ್ರ                                    </u>
						*338 40 X	
				<del></del> .		72.	R 22
						FLORIDA	<del>5</del>
						A	•
an effective date i ote: If the date	s listed, the date m inserted in this		f cannot be prior to neet the applicat		(opti ore than 90 days after grequirements, thi	<sup>e</sup> filing,) Pursua	
record specifies is filed.	a delayed effect	ive date, but not	an effective tim	e, at 12:01 a.m. c	on the earlier of: (b	) The 90th o	day after the
nted Abicur	si 28	<del></del>	2024	_ •			
			the				
			· · ·	zed representative			<del></del>

ET 635.00