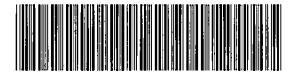
## L24000011561

(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sect Division of Corpo		•		
SUBJECT:	No Druller Name of Limit	19 LLC		
	Name of tanin	ecel machiny company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	Jose ,	M. Caraballo Name of Person		
		Drelling CC		
	14003 P.C.	no finder LN Address		
	Fort sign	c) FL 33913 City/State and Zip Code		
	THEOROGE	City/State and Zip Code		
	E-mail address: (1	2118 Ognvil : 19m o be used for future annual report notific	ation)	
For further information co-	ncerning this matter, please ca	all:		
Jose Con	akallo	at ( <u>939</u> ) <u>450</u> – Area Code Daytime	8803	
Name of	Person	Area Code Daytime	elephone Number	
Enclosed is a check for the	e following amount:		· ' <u>- ' L</u>	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 2400001156</u> !	e filed on January 04, 2024 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ompany, the designation 1.1.C of the aboreviation 1.1C.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2024 TAR	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:		<u>'d</u>
Name of New Registered Agent:	50	
New Registered Office Address:	Enter Florida street address	
	, Florida	

## 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, <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>	Address	Type of Action
M6R	Diana Larina	14003 Pine Judge fN	□Add
		Address 14003 Pine Judge f N Fort Myers, FL 33913	Remove
			□Change
MGR	JOSE M. Caraballo	14003 Rine Jodge fr Fort Myers, FR 33913	/ <b>⊈</b> Add
		Fort Myers, FC 339/3	□Remove
			Change
		<del></del>	□Add
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is filed	d.			an effectiv	e time, at 12:0	01 a.m. on the	e earlier of: (b)	) The 90th day	after the
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