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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company  Name of Limited Liability Company	
	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Sul, o A Veloz Ja.  Name of Person	
	803 13th st phil 4 Thirteenlle	
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	St. Cloud FL 34769	'! <del>"</del> ]
	St. Cloud FL 34769  City/State and Zip Code  Osccola Speed tives amail: Common Remail address: (to be used for future annual sport notification)	کلی
For furt	ther information concerning this matter, please call:	
	Erica Viloz at (407) 460-5238  Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$2:	5.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & } \text{ \$55.00 Filing Fee & } \text{ \$60.00 Filing Fee.} \$\text{ Certificate of Status & } \text{ Certified Copy } \text{ (additional copy is enclosed)} \$\text{ Certified Copy } \text{ (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee.} \$\text{ Certified Copy } \text{ (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee.} \$\text{ Certified Copy } \text{ (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee.}	

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 ARTICLES OF ORGANIZATION **OF**

803 13thst	Phily Ihirteen UC
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24 DDOD 189</u> .7	pany were filed on $\frac{18/2024}{2000}$ 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 Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE SECTION OF STATE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Luz E Velor
New Registered Office Address:	Enter Florida Street address  Florida 32824
New Registered Agent's Signature, if changing Registered As	City Zip Code '

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 Changing Registered Agent, Signature of New Registered Agent

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
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