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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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SUBJECT: <u>1NN</u>	ELSIONES Or Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hect	UL SUGIEZ Name of Person	
	SAA DEITOR	Firm/Company N+ Blub Suite Address	15-189
		DEITON +, FL 3 City/State and Zip Code	71X
		to be used for future annual report noti	
For further information c	oncerning this matter, please ca	all:	
Hector S. Name o	)Gれと f Person	at ( <u>386</u> ) <u>315</u> – Area Code Daytim	- <b>7637</b> e Telephone Number
Enclosed is a check for th	ne following amount:		
∲\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Standard HAR 18
Mailing Address:		Street Address:	OF ST SEE. 1
Registration S Division of C		Registration Se Division of Cor	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

The Centre of Tallahassee

## ARTICLES OF AMENDMENT ТО ARTICLES OF ORGANIZATION OF

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LNUELSIONES UNIVERSA	2H. UC
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\underline{+3400090556}$ .	filed on JUNULY 9,7014 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	ompany," the designation "LLC" or the 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 addr agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida CivZiz Codes
New Registered Agent's Signature, if changing Registered Agent:	SEC
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perj accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add company has been notified in writing of this change.	ormance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if diffs document is a

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Luz D. Alvarez	S77 DeltoNA Blud #15-189	□ Add
		De. / TUNA, F/ 32725	PRemove
			□Change
MER	BRIAN H SUGNEZ	577 DeltonA Blud # 5-185	🗆 Add
		DEITONA, FL 32725	<b>Z</b> Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			[]Add
			🗆 Remove
			□Change
			型24
			Remove
			🗍 Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	Please	Nimart	His	Members.	
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cument s	enective date on	the Department of	State Sifeenia	S.	
ecord spec is filed.	cities a delayed en	ffective date, but no	ot an effective	time, at 12:01 a.m. on the earlier of: (b)	The 90th day after d
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Filing Fee: \$25.00