## LZ40000 24772

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

TO: - Registration Se Division of Cor				, .	
SUBJECT: 3C	GENERAL LA	and Scoping	SETVICE	s uc	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sage	A CRUZ  Name of Person		<u> </u>	
	SC Ger	Firm/Company	dscapin		UC
	499 NW	42 ST Address	Apr 1	至12	CALLED TO THE PARTY OF THE PART
	_OAKLAND	Pork FL City/State and Zip Cod Segmail. to be used for future annua		12 PH 12: 12	and the second
For further information ec	E-mail address: (		al report notification)		
JOSE A Name of	Person	at ( <u>754</u> ) Area Code	236 - O Daytime Teleph	one Number	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Regist Divisio The Co	Address: ration Section on of Corporation entre of Tallahas	ssee	
		2413 P	N. Monroe Stree	i, suite ort	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit Florida document number <u>L Z4</u> 0000		01/11/2024	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		رن بن	2024
(Principal office address MUST BE A STREET AD	DRESS)	70	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2 PH 12: 42
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our re e:	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florid	da street address	· · · · · · · · · · · · · · · · · · ·
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	•		sip 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 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>	Name	Address	Type of Action
MGR	Soge A CRUZ	999 NW 42 ST API OAKLOND PORK FL 3	XAdd
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ote: If the date inserted in this block does not meet the applicable.	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a	at 12:01 a m. on the earlier of the. The 90th day after the
is filed.	at 12.01 a.m. on the earlier of. (b) The 90th thay after the
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ated 03 08 2024.	
	d representative of a member
Signature of a member or authorized	i representative of a member