L2400038018

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) old to Elph Hone Hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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94/01/24--01034--013 **25.00



2024 APR - 1 PM 4: 37 SECKLANT OF STATE TALLAPASSEF, FL

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CF Pro E Name of Lim	nten Prises hho	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ga	briel Barros Name of Person	
	CF Pro	Enterprises Firm/Company	hhc
	6937 NW	173rd dr. Apt	201 J
	Hialeah gbarros 6 E-mail address:	o the following: Dre Barros Name of Person	
For further information of	oncerning this matter, please ca		
Gabric Name o	Barros f Person	at (<u>786</u>) <u>470</u> Area Code Daytin	-02 16 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	-	

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 5 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000038018</u> .	were filed on 01/19/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2511 N HJatus Rd
(Principal office address MUST BE A STREET ADDRESS)	Unit # 443 Holly incod, Fh 33026
Enter new mailing address, if applicable:	2511 N Hatus Rd
(Mailing address MAY BE A POST OFFICE BOX)	Unit #443 Hollywood, FL 33026
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Now Devictored Aponto Signature 15 shapeing Devicts	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited lidbility
If Char	ging 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
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □ Remove
			□Change
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		V TO AC TO TO TO TO TO TO TO TO TO TO TO TO TO	Remove
		SE S	Add TO Remove

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Effective date, if other the case of the c	this block does not meet the	he applicable statutory fili	(options more than 90 days after filing ng requirements, this da	ul) ng.) Pursuant to 605.02 tte will not be listed	207 (l as t
record specifies a delayed of is filed.	effective date, but not an ef	Fective time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the	he
Pated <u>03/26</u> ,	12024.	·		2024 APR - SECIL TALLAH	c
	HILL Burn			PR -	es 2
	James Mary 1	- and and	e of a member	<u></u>	3
	Signature of a member	er or aumorized representati	ve or a member	So ~	(i
	,	riel Burros d or printed name of signee		OF STAT	£

Filing Fee: \$25.00