## L24000074898

(Requestor's Name)
(Address)
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(133,333)
<del>-</del>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2001)
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Certified Copies Certificates of Status
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04/16/24--01017--011 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mendoza Bladez i	LC
Name of I	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
<b>L</b> i	
	Name of Person
	Firm/Company
1026	
6836	Glenbrook Dr Address
I ok -1	1 51 32011
Lakelano	City/State and Zip Code
	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Noe mendaza	at (8B) 904 - 9063
Name of Person	Area Code Daytime Telephone Number
Particular about Conductable description	
Enclosed is a check for the following amount:  \$\square \\$25.00 \text{ Filing Fee} \square \\$30.00 \text{ Filing Fee &}\$	□ \$55.00 Elling Foo B
	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Mendoza Blade	7 LLC	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Conformation Florida document number <u>L24000741898</u>	Company were filed on	5   10   20 24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here	:
The new name must be distinguishable and contain the words "Limitation of the contain the contai	ited Liability Company," the design	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	<u></u>	
Enter new mailing address, if applicable:	. <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	atroat address
	r,nier r torida	
	City	, Florida Zip Code

## 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 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
AMBIZ	Jonathan Mendoza	6830 Genbrook Or lakeland f13	<u>Zg  </u> □V9q
			GRemove
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			□Add
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ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1 is filed.  ated $\frac{5/10/2024}{}$ ,	an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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	l is filed.
	F 110120211
Signature of a member or authorized representative of a member	$\frac{5/10/2029}{}, \underline{\hspace{1cm}}$
Signature of a member or authorized representative of a member	NE II al.
	Signature of a member or authorized representative of a member