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(Requestor's Name)		
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	City/State/Zip/Phone #)		
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PICK-UP	WAIT MAIL		
(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	to Filing Officer		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

\ <u></u>	mited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
e Articles of Organization for this Limited	Liability Company were filed o	n	and assigned
orida document number			
is amendment is submitted to amend the fo	ollowing:		
If amending name, enter the new name	of the limited liability compar	ı <u>y here</u> :	
new name must be distinguishable and contain the	e words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
ter new principal offices address, if app	licable:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
rincipal office uddress MUST BE A STRI	EET ADDRESS)		
			<u></u>
			- · · · : · · · · · · · · · · · · · · ·
ter new mailing address, if applicable:			, Ø
<u>ailing address MAY BE A POST OFFIC</u>	<u> </u>		<u> </u>
			···
If amending the registered agent and/or	r registered office address on o	ur records, enter the name	of the new registered
ent and/or the new registered office addi	ress here:	, <u>.</u>	
Name of New Registered Agent:	Alanis Amador		
New Registered Office Address:	5900 24th ave s	-	
New Registered Office Address:	Enter	r Florida street address	···-
	Tampa	, Florida ³³⁶	0
	i ampa	FINFING	9

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
AP	Alanis Amador		DAdd
			■Remove
			□Change
MGR Rosalina Herrera Eizr	Rosalina Herrera Eizmendiz	5900 24th ave s ,Tampa, Florida ,33619	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
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If an cff <u>Note:</u>	ve date, if other than the date of filing:
e recor	I 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 ed.
Dated .	09/10/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00