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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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05/29/24--01022--009 **25.00



COVER LETTER

UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO ABREU PI	EREZ	
		Name of Person	
		Firm/Company	<u> </u>
	7936 SW 164TH PL		
		Address	
	MIAMI FL 33193		
	City/State and Zip Code		
	ALEABREUPEREZ17@G		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
ALEJANDRO ABREU PEREZ		305 764-5965	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	55:	Street Address:	

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d Liability Cor A Florida Limit	npany as it now appears on our led Liability Company)	records.)
	any were filed on FLORIDA	and assigned
wing:		
the limited <u>l</u>	iability company here:	
rds "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
)	_
Enter new mailing address, if applicable:		
3 <i>0X</i>)		
egistered offi s here:	ce address on our records,	enter the name of the new reg
s nere.		
NONE		
	Enter Florida street	address
	Enter Florida street	
	Enter Florida street City	address Florida Zip Code
	A Florida Limit ability Compa wing: the limited I ords "Limited Li	the limited liability company here: ords "Limited Liability Company." the designation while: NONE NONE NONE NONE SOX) egistered office address on our records, and the signation while which is a second or second of the s

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
AMBR	LILY HERNANDEZ PUPO	7936 SW 164th PL	= Add
		MIAMI FL 33193	□ Remove
			□Change
			□ Remove
			□ Change
			\ \ \ \ \ \ _
			□Remove
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	05/22/2024	
ective date, if other than the	e date of filing:	(optional)
te: If the date inserted in this l	block does not meet the applicable statutory filing	ig requirements, this date will not be listed as
rument's effective date on the	Department of State's records.	
cord specifies a delayed effect s filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
s med.		; ,
	2024	3
MAY 22		
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aed MAY 22	·	· · · · · · · · · · · · · · · · · · ·
ned MAY 22	Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00