L24000120685

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL.	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer.		
		_	
	10MIL	5	

Office Use Only



400436969014

03 75/245 13 65 7 665 4625.60

COVER LETTER

	egistration Se Division of Cor				
CUID IECT		ONSO LLC			
SUBJECT: Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	im all correspo	ondence concerning this matter	to the following:		
		ELIECER ALONSO GON	JZALEZ		
			Name of Person		
		E & Y ALONSO LLC			
			Firm/Company		
		6211 16 TH AVE S			
			Address		
		TAMPA FL 33619			
			City/State and Zip Code		
		ELIECERALONSO79@G:			
Var frethan	· information .		to be used for future annual report not	incation)	
		oncerning this matter, please c			
ELIECER	ALONSO GC		305 502-6457 at ()		
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 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)	
R D P	lailing Addres egistration S vivision of C O. Box 632 allahassee, I	Section Torporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

iability Company as it now appears on our florida Limited Liability Company)	records.)
	and assigned
·	
ng:	
e limited liability company here:	
s "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
e:	·
(DDRESS)	
	<u> </u>
<u></u>	
-	
stered office address on our records, g	enter the name of the new registere
<u>ere</u> :	
Enter Florida street	uddress
City	, Florida Zin Code
	Stered office address on our records, gere:

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.

Eller Alous Count & 2

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>	<u>Address</u>	Type of Action
SEC	ANTHONY R REYES ALEJO	6211 16TH AVE S	
		TAMPA FL 33619	□Remove
			□ Change
			□ Add
			□ Change
			□Add
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Domovo

ANTHONY R REYES ALEJO				
		· · · · · · · · · · · · · · · · · · ·		
			 	
		-	, , , , , , , , , , , , , , , , , , , ,	
				
4				
				•••
				
				-
		-		
. Effective date, if other than the dat	e of filing:		(optional)	
(If an effective date is listed, the date must be: Note: If the date inserted in this block	specific and cannot be pr	ior to date of filing or mo	re than 90 days after filing.) I	ursuant to 605.0207 (3)(b
document's effective date on the Depar	tment of State's recor	ds.	requirements, this tage w	in not be fisted as the
the record specifies a delayed effective date or distributed.	te, but not an effective	etime, at 12:01 a.m. or	i the earlier of: (b) The	Hoth day after the
Dated SEPTEMBER 20 Sign	, 2024	·		

Typed or printed name of signee