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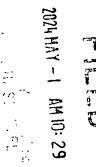
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:		A650CIQTES	LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Jonathan A	Rod116UEZ Pa	dron	
		Firm/Company		
	2129 NW 13	B5TH AVE.		
	Miami-FL	33182. City/State and Zip Code. Cho+mail.(om		
	E-mail address: (t	to be used for future annual report noti	lication)	
For further information of	concerning this matter, please ca	ul:	2	
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:		3	, 6
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	U
Mailing Addre Registration Division of C P.O. Box 63:	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ociates_	LLC				
(<u>Name of the Limited</u> (A	Liability Company as i Florida Limited Liabilit	t now appears on ou y Company)	r records.)			
The Articles of Organization for this Limited Liab		filed on <u>03</u> -	14 - 202	2 <u>4</u> an	d assign	ned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liability c	ompany here:				
The new name must be distinguishable and contain the word	ds "Limited Liability Con	npany," the designat	on "LLC" or the	abbreviati	on "L.L.C	
Enter new principal offices address, if applicab	le:	- -				
(Principal office address MUST BE A STREET A	ADDRESS)			<u> </u>		
			-			
Enter new mailing address, if applicable:					2024	
(Mailing address MAY BE A POST OFFICE BC	<u></u>				∺ A —	
		. <u>.</u>				1 325
B. If amending the registered agent and/or regi	istorad affice udduc				<u></u> >	
agent and/or the new registered office address l	<u>here</u> :	ss on our records	s, enter the na	me or th	29 29	ekizitrec
Name of New Registered Agent:			<u> </u>			
New Registered Office Address:					_	
		Enter Florida stre	et address		2024 AY - A Rev registered	
		in	, Florida _	7:	Code	
	L	(1)		Z.10 (_oae	

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 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
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Effective date.	if other than the da	te of filing:			(optional)		
f an effective date Note: If the dat	is listed, the date must be e inserted in this block ctive date on the Depa	specific and canno does not meet th	ne applicable statui	iling or more than 90 tory filing requirer	days after filing.) I	Pursuant to 605 vill not be liste	6.0207 (ed as t
record specifie	s a delayed effective d	ate, but not an eff	fective time, at 12	01 a.m. on the ear	lier of: (b) The	90th day afte	r the
d is filed.	· ~/	_	1/.				
Dated	- SC-	-, ک	1/1/	7			
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	Sig	nature of a membe	er or authorized repre	esentative of a memb	per	_	

Filing Fee: \$25.00