(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	94/01/2401013008 •*25.00
(Document Number)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		es Services LLC		
SUBJEC	TT:	Name of I imi	ited Liability Company	
		Amendment and fee(s) are submindence concerning this matter		
Tiense re	ann an correspo	indence concerning this matter	to me following.	
		Luis Puentes		
			Name of Person	
			Firm Company	
		26632 Morton Ave		
			Address	
		Bonita Springs FL 34135		
			City/State and Zip Code	
		luisrosabal08@ gmail.com L-mad address. (t	to be used for future annual report i	sotification)
Lor furth	er information c	oncerning this matter, please co	ıll:	
Luis Pu	entes		239 789-3043	
	Name o	f Person	at ()	time Felephone Number
Enclosed	Lis a check for t	he following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address Registration	

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

Luis Puentes Services LLC

(Name of the Limited Liability Company as it now appears on our records. W. (A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Piorita Limited	тлавину с опрану)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000131854}{1.000131854}$ .	were filed on 0.3/18/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	lress
	_	Florida
	Cinc	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
MGR	Luis A Puentes	26632 Morton Ave. Bonita Springs, FL 34135	<b>≣</b> ∧dd
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			□Change
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	Juin A	Your			PD
	Signature o	l'a member or authoriz	ed representative of a mo	ember	10:4 10:4
				-	