L24000132569

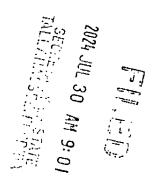
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
umils				

Office Use Only



400433814624

07/30/24--01010--025 **25.00



, COVER LETTER

ν ,

	Registration Se Division of Cor		•			
eud ie						
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		MIGUEL PEREZ				
		·	Name of Person			
		SINCRONICIDAD LLC				
			Firm/Company			
		3253 FOXCROFT RDG-2	10			
		.				
MIRAMAR, FL 33025 City/State and Zip Code						
For furth	er information e	oncerning this matter, please c	all:			
MIGUE	L PEREZ		786 319-3888			
-	Name o	f Person		e Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.9	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)		
	Mailing Addres Registration S		Street Address: Registration Sc	ection		
	Division of C P.O. Box 632	-		Division of Corporations The Centre of Tallahassee		
	Tallahassee, 1			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SINCRONICIDAD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L24000132569 and assigned Florida document number 03/18/2024 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	<u>Address</u>	Type of Action
MGR	KARLA ALVAREZ	3253 FOXCROFT RDG-210	= Add
		MIRAMAR, FL 33025	
			□Change
AMBR	JUAN GABRIEL GOIRIZ	3253 FOXCROFT RD G210	🗆 Add
		MIRAMAR. FL 33025	Remove
			□Change
AMBR	JOAQUIN OMAR GOIRIZ	3253 FOXCROFT RD G210	□Add
		MIRAMAR, FL 33025	≣Remove
			☐ Change
			🗆 Add
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			ПChange

	· · · · · · · · · · · · · · · · · · ·
	
Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	JULY 22 , 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00