## L24000168744

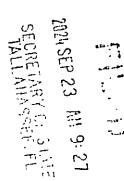
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400436974204

09/29/24--01031--001 \*\*25.00



## **COVER LETTER**

TO: Registration Section

Division of Co	rporations							
	ES GERENCIALES ATA LLC							
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Gia Songur, Esq.							
		Name of Person						
	Songur & Associates, P.A.							
		Firm/Company		د.,				
	2151 Consulate Dr Suite 1	4A		2024 SEP 23 SECRETARY				
		Address		部				
	Orlando, FL 32837							
	gsongur@monarch-titleco.c	City/State and Zip Code	•	ASSESSED TO A SECOND TO A SECO				
	E-mail address: (	to be used for future annual report not	ification)	三				
For further information	concerning this matter, please c	all:						
Gia Songur		407 377-5585 at ( )						
Name	of Person	Area Code Daytin	ne Telephone Number	1				
Enclosed is a check for	the following amount:							
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &				
Mailing Addre Registration Division of		Street Address: Registration So Division of Co	rporations					
P.O. Box 63		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
Tallahassee,	PL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASESORES GERENCIALES ATAILLC (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  $\frac{04/09/2024}{2}$ and assigned Florida document number L24000168744 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.

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
MGR	Julio G Raimato Baendel	2151 Consulate Dr Suite 14	🗖 Add
		Orlando, FL 32837	Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove  SECR □Rhange
			[ P 23 1
			Remove
			□Remove
			□Change
			□Add
			□Change

	E-adu C	Raimato Ba	endel		<								
			Signali	ie al am		whenre	ान <u>पद्म</u> ्	MAINTE:D	La-eveni	ær			_
ated _	·			·	<del></del>		$\overline{}$		$\int_{\Omega}$				
S	Septemb <b>e</b> r 17	,			2024								
record I is file	l specifies a c ed.	letayed effe	enve date,	DUT NOT 8	n ellechy	e ume,	n 42:04	a.m. or	ine cai	ner 01: (0	) ine	oin day	arter th
	1 '6			L	cc ·	<b>.</b> :.	(3.01		. sha	ال عد سدال		Onth da.	عد سفده
ote: 1 ocume:	If the date in: int's effective	erted in thi date on th	s block doo e Departmo	es not me ent of St	et the app ate's reco	olicable rds.	statutor	y filing	require	nents, thi	s date w	ill not be	listed a
an effec	ve date, if o	ited, the date	must be spec	cific and c	annot be p	tior to da	te of filin	g or mor	e than 90	opti) days after	filing.) l	Pursuant to	1 605.020
					9/18/203	74							
												-:,, <del>:</del>	
		<del>.</del>	<del></del>		<del>-</del> -							<u>, , , , , , , , , , , , , , , , , , , </u>	.6 HU
_													ىن <del>دى</del>
_												1 × 1	-Ep -2
		<i>-</i> -										TAL ECH	121 SI
_			·									— <i>ບ</i> າ−	_ <b>%</b>
			,			_							
									<u></u>				
_		- ·											
_									· · · · ·			<del></del>	
	<u>.</u>							-		_		_	
													_
-													

Filing Fee: \$25.00