L24000195458

(Requestor's Name)
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(Basiness Eliky Harre)
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10/03/24--01013--007 **25.00



COVER LETTER

·TO: Registration Section Division of Corpor			
SUBJECT: <u>Bein</u>	na Transpo	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Gabrie	Name of Person	
	^	CASPOIT UC	
	2501	W Ailfen St Address	<u>-</u>
	Tampo	City/State and Zip Code	
_	Cabrilla 1 e E-mail address: (to	be used for ruture annual report notifi	ication)
For further information conce	erning this matter, please ca	11:	
Gabriela (Sardina	at (<u>B13</u>) <u>500</u> Area Code Daytime	7 7 7 7 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L24500195458</u>	ere filed on 4 35 12624	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"		abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2501 W Ailes	
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33	3607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2501 W Ailpen S Tampa Fl 331	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	med the new registered
Name of New Registered Agent:		
New Registered Office Address:		- : - : - : : : : : : : : : : : : : : :
	Enter Florida street address	<u>အ</u> 9
	, Florida _	Zip Code
	Cip	My Code

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
MGR	Gabriela Saidina	2501 W Aileen St	jXədd
	-	Tampa FL 33607	□ Remove
			□Change
RA	Dalberto Mena	2501 W Ailpen St	! \ \\\\
		Tampa FL 33407	□ Remove
			□Change
RA	Gabriela Sardina	2501 W Aileen St	i ∑∕ }\dd
		Tampa FL 33607	/ □Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
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			🗆 Remove
			□Change

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Note:	ive date, if other than the date of filing: 10 01 24 (optional) fective date is listed, the date must be specific and cannot be pror to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 fled.
Dated	October 01 2024
	Gatubas Signature of a member or authorized representative of a member
	Gabriela Saldinas Typed or printed name of signee
	Typed or printed name of signee