

24 000 208 245

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

700433024817

27, 16, 24-112, 34, 214, 14, 27, 22

Office Use Only

.

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: _ me of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tuliana Bejarano
Name of Person O Name of Person O Firm/Company
1920 Rennstluenie Ave Avet 310
Migmi Death FL 33139
E-mail address: (to be used for future annual report notification)
rther information concerning this matter, please call:

For fu

Mane of Person at (**4766**)______ HIX 5150 Daytime Telephone Number

Enclosed is a check for the following amount:



🗆 \$30,00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy (s 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	
ТО	
ARTICLES OF ORGANIZATION	N
、 OF	
<u>(Name of the Limited Liability Company as it now appears on op</u> (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on	03 2024 and assigned
Florida document number <u>224 000 20 8</u> 245	1 7
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	19
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
	 ()
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	vet address

City

Zip Code

, Florida <u>—</u>

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Mario A. Leon	20185 E Lamtry Club Dr. A	2 Budd
		Miem. FL 33180	
	.1.	So % Our with p	[]Change
ANBR	Juliana, Bejarona	1420 Pennsylvanio Ane Apl 3	0 🗆 🗛
		Nomi Death IL 33139	🖸 Remove
		50% Ownership	&Change
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			⊡Remove
			□Change
<u> </u>			🗆 Add
			🗆 Remove
			□Change
		<u></u>	□Add
			🗆 Remove
			🗌 Change

D.	If amending any other information.	enter change(s) here:	(Attach additional sheets, if necessary.)	

	- Maxis	1 2001	n – D	50%	Owtership	
	Ulien	e Bjo	1040 -V	50%	anereichp.	
			P			
(If an ei <u>Note:</u>	If the date insert	, the date must be s ed in this block d	pecific and cannot be p	plicable statutory filin	2.4 (optional) nore than 90 days after (iling.) 1g requirements, this date v	Pursuant to 605.0207 (3)(b) vill not be listed as the
	cord specifies 90th day afte			not an effective	time, at 12:01 a.m. c	on the earlier of:

Dated SUN 09.	2024	
	Ahouek	
	Signature of a autombor or authorized reprocentative of a member	
	Yuliana Breiarano	
	Typed or printed name of signee	