L24000211834

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





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COVER LETTER

то:	Registration So Division of Cor					
SUBIR	CT:	INVERSIONES GRACE	ELLC			
NODJE	(C.1		nited Liability Company			
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please i	eturn all correspo	ondence concerning this matter	to the following:			
		PABLO D. ESTRADA M	ONDRAGON			
			Name of Person			
		INVERSIONES GRACE	LLC			
			Firm/Company			
		2509 10TH ST. W				
			Address	·		
		LEHIGH ACRES,FL. 339	76			
			City/State and Zip Code			
		inversionesgrace9@gmail.c				
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)		
PABLO	D. ESTRADA 1	MONDRAGON	305 399-8715			
	Name o	f Person		me Telephone Number		
Enclose	d is a check for th	ne following amount:				
☐ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration So	ection			
Division of Corporations			Division of Co	Division of Corporations		
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MAY 6,2024	and assigned
lorida document number L24000211834		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	
Inter new principal offices address, if applicable:		24.
Principal office address MUST BE A STREET ADDRESS)	2509 10TH ST W	<u> </u>
	LEHIGH ACRES, FL. 33976	r>
		<u> </u>
nter new mailing address, if applicable:		<u>6</u> .
Mailing address MAY BE A POST OFFICE BOX)	2509 10TH ST W	99
	LEHIGH ACRES,FL. 33976	
8. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: N/A	address on our records, <u>enter th</u>	e name of the new regis
New Registered Office Address: N/A		
res registered Office Address.	Enter Florida street address	
	, Flori	
	City	Zip 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.

N/A
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
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
		-	Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
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		 	□Add
			□Remove
			□ Change
······			□Add
	·		□Remove

ALSO I NEED TO MA	KE A CORRECTION ON AM	IBR CINTHA V. N	IONDRAGON REYES	
2509 10TH ST W LEHI	IGH ACRES,FL. 33976.	. .	· · · ·	
				
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tive date, if other than	n the date of filing:	NA	(option	al)
ffective date is listed, the da	te must be specific and cannot be p his block does not meet the app		more than 90 days after fi	ing.) Pursuant to 605
ment's effective date on	the Department of State's reco.	rds.		
rd specifies a delayed ef	fective date, but not an effective	re time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after
îled.				·
July 2	.2 202	14	. + 7	
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