124000220820

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

Office Use Only



700432060967

06/25/24--01035--007 **25.00

7/10/24 KH

COVER LETTER

TO:				
CUD IE	Cheap and	Fancy LLC		
SUBJEC	UI:	Name of Lin	nited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		RODRIGUEZ, GUSTAVO	O E	
			Name of Person	
	Name of Limited Liability Company Description Description			
		14790 PEEKSKILL DR,		
			Address	
		WINTER GARDEN, FL 3	34787	
			City/State and Zip Code	
			•	tification)
For furth	er information	concerning this matter, please c	all:	
RODRIG	GUEZ, GUSTA	VO E	21 (
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
₩ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	-			
	P.O. Box 633	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our record lited Liability Company)	<u>(8.</u>)
pany were filed on 05/13/2024	and assigned
liability company here:	
Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
<u> </u>	
-	<u> </u>
fice address on our records, <u>enter</u>	the name of the new register
Enter Florida street address	5
	orida
•	Zip Code
	
agree to act in this capacity. I fur lete performance of my duties, and as provided for in Chapter 605.	nd I am familiar with and
ffice address, I hereby confirm the	at the limited liability
	Liability company here: Liability Company," the designation "LLC S) Enter Florida street address City ent: agree to act in this capacity. I fur

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	VALLS, CARLOS G	14790 PEEKSKILL DR,	
		WINTER GARDEN, FL 34787	≣Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
······			
			□Remove
			Change
		<u></u>	
			□Remove
			Change

	-	· · · · · · · · · · · · · · · · · · ·	
		<u></u>	
		<u> </u>	
		<u> </u>	
	<u>. </u>		
			
		<u> </u>	
			
ective date, if other than	the date of filing: 01/01/2024	(opt	ional)
effective date is listed, the date	must be specific and cannot be prior to d	ate of filing or more than 90 days after	er filing.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the	s block does not meet the applicable Department of State's records.	statutory ming requirements, in	is date will not be fisted a
	-		
cord specifies a delayed effe	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.			
June 18	2024		•
		_	•
	Signature of a member or authorize	2-/-	v. I

Filing Fee: \$25.00