8/14/24, 12:07 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155

Phone : (305)226-8727

Fax Number : (786)947-0844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

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Help

K. SALY AUG 15 2024

	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT:B_QY	Name of Limited Vability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Lucio	a Istrella	
Lice	Name of Person Name of Person O191, 45	1.
	OD W. Fligh St	#114
<u> High</u>	MI F 99/4	4
lico	mail address: (to be used for futury annual report to	otification)
For further information concerning this made of Person	35, X	D-323-722Y
Enclosed is a check for the following amou	nu	
♥ \$25.00 Filing Fee		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

FILED

2024 AUG 14 AM 3: 44

TALLAHASSEE FLORIDA

	_ 0)F	7. Jack 19 3:
Rey	Graup	LLC	TALLAHASSEE FLICK
(Name of the Lin	nited Liability Compa (A Florida Lumited)	iny as it now appears on o Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number		Ω	3 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabii	ity Company," the designat	on "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a ess here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:	•	- <u></u>	
New Registered Office Address:			
	· 	Enter Florida stree	t 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.

Cire

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> MGR	Edy A. Martin Fu	Address ON TES	832	UNW)	104h s\$	Type of Action
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D. If amen	nding any other information, enter change(s) here: (Anach additional sheets, if necessary.)
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E Effection	date, if other than the date of filing: $8/3/24$ (optional)
(if an effecti <u>Note:</u> if i	ive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (31(b)) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document	's effective date on the Department of State's records.
if the record spread is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is migg.	8/13 2026
Dated _	$\frac{0}{1}$
	Signature of a member or authorized representative of a member
	Reinaldo D Hernandez LeaL
	Fyped or minted name of signee

Filing Fee: \$25.00