L24000252506

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Jaiesa told me to put "corporate accress" on the letter

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

(O: Registration Section Division of Corporations			
SUBJECT: On Point Custom Name of L	imited Liability Company		
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
	aniel Brito. Name of Person		
On (Point Customs N	tiamille	
149918	w 140th street i	Init C	
- Miani theorpointa	City/State and Zip Code	SECRETARY OF STAT TALLAHASSEE, FL	944 - 44
For further information concerning this matter, please	utogroup @ gmail: : (to be used for titure annual report notifical): call:	DEC 20 PM 12: RETARY OF STALLAHASSEE, 1	
Daniel Brito Name of Person	at (486) 6 37 - 96 Area Code Daytime T	o 40 P F S	1 3
Enclosed is a check for the following amount: \$25.00 Filing Fee	S55.00 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	Street Address: Registration Secti	on	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

On Point Custor (Name of the Limited Liability Co)	ms Miani Ll mpany as it now appears on our record	5.)
(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 06 03 24	and assigned
Florida document number <u>LAY 000</u> AS 35 06.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		
		2024 SEC
Enter new mailing address, if applicable:		4 DE
(Mailing address MAY BE A POST OFFICE BOX)		TARY OF
		
		EF, S
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter	the name of the new registered
		m
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street addres:	<u> </u>
	, Flo	orida
	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.

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
Hamr	Lazaro Daniel Herrera	16040 sw 79 st	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\
		Miami Florida 33193	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add 2024 I □SECI
			Remove 20 gett 12 AHASSEE
			SECRETARY OF STATE
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Channe .

D. If am	ending any	other informat	ion, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
	Acld	Lazaro	Daniel	Herrera.
			_	
				· · · · · · · · · · · · · · · · · · ·
	 			
	. <u> </u>			
		- -		
	· · · · ·			SEC 2024
				TALLES (T
				AN 20 T
			 -	FLE 35
(If an ef <u>Note:</u>	fective date is If the date i	listed, the date must nserted in this blo	be specific and cannot	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the applicable statutory filing requirements, this date will not be listed as the s records.
If the reco record is f	rd specifies a iled.	i delayed effective	date, but not an ef	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated		19190		1
			pl	n -
			Signature of a memb	per or authorized representative of a member
			Daniel	Brito.