L24000 254 977

(R	Requestor's Name)	
(A	Address)	
(A	vddress)	
(C	City/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	





000437637700

2024 OCT -7 PH 2: 44
SECRETARY OF STATE
TALL AHASSEE, FL

RECEIVED
2024 OCT - 7 PM 2: 34
PALLANTES TO THE

COVER LETTER

TO: Registration Se Division of Cor			
REPROBY	TE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The control Amiels of	A		
The enclosed Afficies of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JHON GUALDRON		
		Name of Person	
	REPROBYTE LLC		
		Firm/Company	
	164S HAVERHILL RD		SE 1
		Address	
	WEST PALM BEACH, FI	. 33415	
	USTUEMPRESA@GMAIL	City/State and Zip Code	2024 OCT -7 PH 2: 44 SECRETARY OF SIET. FL
	E-mail address: (to be used for future annual report notification)	一一一
For further information c	concerning this matter, please ca	all:	, (3)
JHON GUALDRON		305 5606166	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fec, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	77	The Centre of Tallahasse	3.p

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEPROBYTE LLC			
(Name of the Limi	(A Florida Limited	nny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number L24000254977	iability Company	were filed on 06/0	2/2024 and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company her	<u>e</u> :
NA			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	NA	
(Principal office address MUST BE A STREI	ET ADDRESS)	NA	
		NA	
Enter new mailing address, if applicable:		NA NA	SECULO TO THE
(Mailing address MAY BE A POST OFFICE	BOX)	NA NA	
B. If amending the registered agent and/or agent and/or the new registered office addresses.			cords, enter the name of the new registered
Name of New Registered Agent:	ANGEL CAST	TILLO	
New Registered Office Address:	164S HAVERI	HILL RD	
		Enter Florid	la street address
	WEST PALM	ВЕАСН	, Florida 33415
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DEDDODVECTIC

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.

Angel Castillo

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	JHON GUALDRON	164S HAVERHILL RD	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		WEST PALM BEACH, FL 33415	■Remove
			□ Change
MGR	ANGEL CASTILLO	164S HAVERHILL RD	
		WEST PALM BEACH, FL 33415	Remove
			Change
NA	NA	NA	□Add
			□Remove
NA	NA 	NA	Change SECRITALL
			Remove
NA	NA .	NA	Change
			□Remove
NA	NA	NA	🗆 Add
			□Remove
			Change

ctive date, if other than the date of filing: NA (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purse If the date inserted in this block does not meet the applicable statutory filing requirements, this date will insent's effective date on the Department of State's records. Ond specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th filed. Signature A a member or authorized representative of a member	NA			
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	filed.			
	d			
Signature of a member or authorized representative of a member				
Signature of a member or authorized representative of a member		Jhon Gualdron	<u>, </u>	
		Signature of a member or authorized rep	resentative of a member	
	N GUALDRON			
JHON GUALDRON Typed or printed name of signee				

• • • •

Filing Fee: \$25.00