## L24000255191

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## TO: Registration Section Division of Corporations

LL& MITHOLDINGS LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO IRARRAGORRI

Name of Person

LI & MH HOLDINGS LLC

Firm/Company

1920 NW 180TH WAY

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

general@floridashs.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO IRARRAGORRI

 at (<u>786</u>)
 307-9484

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AME	NDMENT	
TO		
ARTICLES OF ORGA	NIZATION 2024 DA TILE	
OF	Stp 50	
	PH,	
LI & MH HOLDINGS LL	NIZATION 2024 SEP 16 FH 4:01	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C		
The Articles of Organization for this Limited Liability Company were fil	ed on06/04/2024 and assigned	
Florida document number1.24000255697		
This amendment is submitted to amend the following:		
-		
A. If amending name, enter the new name of the limited liability con	apany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp.	any," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	15600 NW 67 AVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 208	
	MIAMI LAKES, FL 33014	
Enter new mailing address, if applicable:	15600 NW 67 AVE	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 208	
	MIAMI LAKES, FL 33014	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registered	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_\_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<u> </u>	□Change
<u>-</u>			🖸 Add
			□ □Change
			DPPV []
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If 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 specifies 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 filed.

Dated	September 10th 2024
	Signature of a member of authorized representative of a member
	signature at a manuer of annoticed representative of a memory
	Lionends Dra nagen
	Typed or printed name of signee