L24000277467

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.0) 2.0.0.2
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	vision of Corpor			
SUBJECT:	911	Renovat	100 Express	LLC
		Name of Lim	ited Liability Company [™]	
The enclose	d Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please retur	n all corresponde	nce concerning this matter	to the following:	
		Raul (Dintera Del	gado
		-	Name of Person Firm/Company	
		500 NE	2ND ST AP	1 428
	· -	Dania Berraulquintere	Each FL 331 City/State and Zip Code Odelgado Cgc to be used for future annual report no	ngil.com
For further		erning this matter, please or		
<u>Geil</u>	Name of Pe	ndra Lung Pe	Area Code Daytin	8028 me Telephone Number
Enclosed is	a check for the fo	ollowing amount:		
			☐ \$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

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 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 28, 2024 and assigned Florida document number L24000277467
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address <u>here</u> :
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

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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	Luis Eduardo Mo	zjra Pineda 4024 NW 7th: Miami, FL 33126	St Apt 402 DAdd
			Remove
		<u> </u>	□Change
MGR	Geile Alexand Luna Perez	19 500 NE 200 ST APT 428	MAdd
	LUNG FEIEZ	Dania Beach FL	33004 Remove
			☐ Change
M GR	Raul Quinter	Delgado 500 NE 2ND APT 428	5T tradd
		Dania Beach, FL	_33004 □Remove
			☐ Change
			□Add
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cil	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	rd 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
s II	led.
ted	8/26/2024
	Signature of a mehiber or authorized representative of a member
	Kaul Quinter Delgado

Filing Fee: \$25.00