## L24000279719

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000439506740

2024 NOV 14 PH 4: 17

## **COVER LETTER**

TO:	Registration Security Division of Corp			
CUD IE		NICE FIGUEREDO MORENO	O LLC	
SUBJE	C1:	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DORIS E FIGUEREDO M	TORENO	
			Name of Person	
		-	Firm/Company	
		13704 GREEN HAMMOO		00 Filing Fee, tificate of Status & tified Copy
			Address	
		BRADENTON, FL 34211		
		مراندانستاه المساورات	City/State and Zip Code	
		dorisfigueredo l 6@gmail.co	(to be used for future annual report notification)	
For furth	her information co	oncerning this matter, please ca		
DORIS	E FIGUEREDO	MORENO	813 786-0539 at ( )	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	
	Tallahassee F		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 14 PH 4: 17 DORIS EUNICE FIGUEREDO MORENO LLC (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  $\frac{06/20/2024}{1}$ Florida document number L24000279779 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIGUEREDO MORENO, DORIS EUNICE LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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, 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 \_, Florida \_

## 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.

Citv

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>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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Effective date, if other than the date of filing:  (In a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 red is filed.  Dated  11/08  2024  Signature of a member or authorized representative of a member										
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