

L24 000 305 526

(Requesto	r's Name)
(Address)	
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(City/State	/Zip/Phane #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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2021.1.1.2.1.1.21.23

TO: Registration Se Division of Cor			
4042 Hugu SUBJECT:	et		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryant Huguet		
		Name of Person	
	4042 Huguet		
		Firm/Company	
	3580 SW 139th Ct		
		Address	
	Miami, FL 33175		
		City/State and Zip Code	
	shuguet@receptionpalace.c E-mail address: (om to be used for future annual	report polification)
For further information of	concerning this matter, please c		
Soraya Huguet		305 776	5-3122
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
OZ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of Status &
Mailing Addre		Street A	
Registration Division of C		_	ation Section n of Corporations
P.O. Box 632	•		ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4042 Huguet		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Companyi	
The Articles of Organization for this Limited Liability Compan	y were filed on 07-09-2024	and assigned
Florida document number L24000305526		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>~_</u>
Principal office address MUST BE A STREET ADDRESS)		127
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ÿ
		ယ <u>်</u> ယ
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new regi
New Registered Office Address:	Enter Florida street address	·
	121s ai	ido
	, Flori	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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Soraya Huguet	3580 SW 139th Ct.	= Add
		Miami, FL 33175	□ Remove
			Change
			□ Add
			□Remove
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and shock does not a	d cannot be prior to meet the applicat	date of filing or more th		
If the record specifies a delayed effe record is filed.	ctive date, but no	t an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The 90th	i day after the
Dated Auguet 8th		2024			
		7			
			zed representative of a n		

Typed or printed name of signee