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TO: Registration Section Division of Corporations	NAM chanes
SUBJECT: MANCY LOPEZ LLC Name of Limited Liability Company	NAME Chanel Thank your A your Time?
The enclosed Articles of Amendment and fee(s) are submitted for filing.	A MIMEL
Please return all correspondence concerning this matter to the following:	
Ministration Lops 2	
Mrnc1 Lopez- LLS Firm/Company 956 32 5t 257 Address	
956 32 ST 257 Address	
City/State and Zip Code Buy Man caro a s Mopanta 2	- 33907 S() C mul. com
For further information concerning this matter, please call:	
$ \frac{MgN cr095 lop92}{Name of Person} at (50) 215- $ Name of Person Area Code Daytime T	le 4 4 3 Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$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

Mercy Lopez-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 <u>Aug 23/2029</u> and assigned
Florida document number 1004342525.791
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 "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
City 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.
company has been notified in writing by this change.

If Chanulno 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	Membe

<u>Title</u>	Name	Address	Type of Action
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effective date is listed, the date must be specif If the date inserted in this block does	ic and cannot be prior to date	of filing or more tha	in 90 days after fi	ling.) Pursuant to	605.0207 (3)(b)
ment's effective date on the Departmen		atutory ming requ	memens, uns (date will not be	instead as the
ord specifies a delayed effective date, bu	t not an effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day a	ifter the
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Signature	of a member or authorized r	epresentative of a n	sember		
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