## 24000 363048

(Requestor's Name)
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## **COVER LETTER**

то:	Registration Se Division of Cor		
SUBJE	F1000	DEL BEHIQUE	
SUBJE	CI:	Name of Lim	ited Liability Company
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please r	eturn all correspo	ndence concerning this matter	to the following:
		GISEL DESARDEN	
			Name of Person
		LA CASA DEL BEHIQUI	E LLC
		<del></del>	Firm/Company
		3909 W BROAD ST	
			Address
		TAMPA FL 33614	
			City/State and Zip Code
		LACASADELBEHIQUE@	
		E-mail address: (	to be used for future annual report notification)
For furt	her information o	oncerning this matter, please co	all:
GISEL	DESARDEN		786 234-8260 at ( )
	Name o	f Person	at ()
Enclose	d is a check for th	ne following amount:	
■ \$25	5.00 Filing Fee	S30.00 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 Address Registration S		Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

LA CASA DEL BEHIQUE		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records, liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L24000363048	were filed on 8/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	·
The new name must be distinguishable and contain the words "Limited Liabit	ity Company." the designation "LLC"	
Enter new principal offices address, if applicable:		2024 DE
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<del></del>	
		SSS FITT
Enter new mailing address, if applicable:		SEE O
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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.

If Changing 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	JOSE L RODRIGUEZ	5467 OXBOW BEND DR 304	
		RIVERVIEW FL 33578	■Remove
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			□Add
			□Remove
		<del></del>	Change
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			□Remove
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	ted in this block does n ate on the Department			requirements, this da	te will not be listed
ord specifies a del	ayed effective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
filed.					
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