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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: <u>382</u>	15 Edwards	LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sterlin	g Condori Name of Person	
	3825 Edu	wards LLC	
	_	Firm/Company	24. 25.C.
	3817 Ed	wards Ave.	
		th FL 33461 City/State and Zip Code	1024 SEP -4 PH 3: 33 SECRETARY OF STATES SECRETARY OF SEFE FILE SECR
		Condori Damail - (to be used for future annual report notifi	com Signature (Compared to the Compared to the
For further information c	oncerning this matter, please co	all:	
Sterlin Name o	g Condori Person	at (<u>561</u>) <u>210 38</u> Area Code Daytime	741 Telephone Number
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

3825 Edu (Name of the Limite	Uards L ed Liability Compar (A Florida Limited L	y as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L 24000368</u> :	ability Company v			24 and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			12
(Principal office address MUST BE A STREE)	<u> (ADDRESS)</u>			THE PARTY OF THE P
Enter new mailing address, if applicable:				300 3 5
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office ac here:	ddress on our record	ds, <u>enter the na</u> i	ne of the new registered
Name of New Registered Agent:	Katia 1	Romina Va	rgas Se	2)0.5
New Registered Office Address:		dwards Enter Florida str	Ave	
	Lake	Worth	, Florida _	33461 Zip Code
New Registered Agent's Signature, if changing Re	egistered 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
MGR	Katia Vargas	3817 Edwards Ave	□Add
		Lake Worth FL. 33461	Remove
			□Change
MGR	Katia Romina Vargas Sejas	3817 Edwards Ave	A dd
		Lake Worth FL. 33461	□Remove
			□Change
			□Add
		SECRE TAIL	Remove Change Add Remove
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Note: If the da	te, if other than the date of filing:	optional) s after filing.) Pursuant to 605.0207 (s, this date will not be listed as th
ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated	03/28 , 2024.	
-	Signature of member or authorized representative of a member	
	Sterling Condori Typed or printed name of signee	··