

L24000382420

Office Use Only



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10/07/24--01014--018 **25.00



COVER LETTER

TO: Registration S Division of Co			
L&R Imp	orts, LLc		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Maritza De Quesada		
		Name of Person	
	L & R Imports, LLC		
	3268 Allamanda St		
		Address	
	Miami, FL 33133		
		City/State and Zip Code	
	maritzadq@gmail.com		
	E-mail address: (to be used for future annual report note	fication)
For further information of	concerning this matter, please c	all:	
Maritza De Quesada		305 898-9883	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	Stion
Division of C		Division of Cor	
P.O. Box 633	27	The Centre of T	allahassee
Tallahassee	FI 32314	2415 N. Monroe	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & R Imports, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Florida document number L24000382420	Company were filed on 8/30/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RFSS)	7 1 Tr
Tricipal office address Moor BETTSTREET, IND		1
		<u> </u>
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	Cuy	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

Title	Name	Address	Type of Action
AMBR	Jill Lafond	4175 El Padro Blvd	□Add
		Miami, Fl 33133	
			□Change
AMBR	Jillian Saunders	4175 El Padro Blvd	
		Miami, Fl 33133	□Remove
			□ Change
			□Add
			Remove
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Effective date, if other than the than the than effective date is listed, the date must	ate of filing se specific an	ig: d cannot be pric	or to date of fil	ing or more tha	(option 190 days after fi	(ar) ling.) Pursuant to 60)5.020
Note: If the date inserted in this block	k does not	meet the appl	icable statuto	ory filing requ	irements, this c	late will not be lis	sted as
document's effective date on the Dep	artment or	State s record	15.				
e record specifies a delayed effective	date but no	st an effective	time at 12.0	Ham, on the	earlier of: (b)	The 90th day aft	ter the
rd is filed	Care: Din In					·	
		2024					
Dated October 3		. • 2024	 ·				
	1	LEHL	· 				
		member or aut		sentative of a n	ember		
Maritza De Quesada							

Filing Fee: \$25.00