## L24000389766

(Requestor's Name)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability C	Omnany as it now appears on our records	
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/13/2024 and a	ssigned
Florida document number L24000389766		Č
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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:	Ch 3	_
Principal office address MUST BE A STREET ADDRESS	<u>sy</u>	
		• • •
	10	*
Enter new mailing address, if applicable:		\$ 1 T
Mailing address MAY BE A POST OFFICE BOX)	, s	
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, enter the name of the ne	w regis
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.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	IVETTE M. AGUILAR		
			□Add
			Remove
			□Change
AMBR	YVETTE M. AGUILAR	10757 CHARLESTON PLACE	<b>∃</b> Add
		COOPER CITY 33026	□ Remove
			□Change
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ffective date, if other than the date of filing:	(optional)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date w	ill not b	e listed a
document's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or d is filed.	n the earlier of: (b) The	90th day	after the
SEPTEMBER 12 2024			
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The state of the s			

Typed or printed name of signee