L24000390749

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COVER LETTER

TO:

TO: Registration Sc Division of Cor				
	OS ENLAZADOS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LUISALBA HERNANDE	Z DE PINTO		
		Name of Person		
		Firm/Company		
	12041 KATHLEEN CT			
		Address		
	CLERMONT, FL 34711			
		City/State and Zip Code		
	Productosenlazados@gmai	l.com to be used for future annual report not	(45)	
For further information c	re-man address: (concerning this matter, please c		meston)	
Luisalba Hernandez		407 9152915 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	oution	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODUCTOS ENLAZADOS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L.	y as it now appears on our records ability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company vi Florida document number L24000390749	were filed on 09/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		24.00
Enter new mailing address, if applicable:		1 22 P
(Mailing address MAY BE A POST OFFICE BOX)		PH (2: 0:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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
MGR	Veronica I Pinto Hernandez	12041 kathleen Ct Clermont FL 34711	= Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
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(If an effective date Note: If the date	e, if other than the date of filing:	05.0207 (3) isted as the
he record specifie ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	ter the
Dated	OCTOBER 14 2024	
	the state of the s	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

