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10/04/24--01016--007 **25.00



COVER LETTER

TO:

TO: Registration Sc Division of Cor				
SUBJECT: 4 Stop LLe	C			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Julio Fernando Pineda			
		Name of Person Firm Company		
	470 Sherwood Oaks Dr			
		Address		
	Orange Park,FL,32073	City/State and Zip Code		- 2
	julio88pineda@gmail.cor			11. 11.00 11.00
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	(fication)	2074 OCT -4
Julio F. Pineda Veliz		at (904) 414-0443		
Name o	f Person		ne 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)	Certified	e of Status &
Mailing Address Registration S Division of C	Section	Street Address: Registration So Division of Co		
P.O. Box 632 Tallahassee, I	7	The Centre of	Fallahassee oc Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) mited Liability Company)	
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npany were filed on september 17,2024	and assigned
d liability company here;	
Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
<u> </u>	
	
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	ب ب
ffice address on our records, <u>enter the nam</u>	e of the new regist
	. •
Enter Florida street address	
Planta.	
City	Zip Code
	SS) Enter Florida street address Florida

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>	Name	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
		NAT CHECK	☐Change ○ □ Add
		<u></u>	\(\overline{\text{Remove}} \)
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effective date is listed, te: If the date inserte	r than the date of fili the date must be specific and in this block does not to on the Department of	ind cannot be pri I meet the app	icable statutory	or more than 90 day	(optional) s after filing.) Pursi	uant to 605,020
	yed effective date, but n	ot an effective	time, at 12:01 a	a.m. on the earlier	of: (b) The 90th	day after the
s filed.			1.1			
ed <u> </u>	1/24					
-	Signature of	a member or au	morred represen	tative of a member		

Filing Fee: \$25.00