L24000433306

(Requestor's Name)
(Address)
(Address)
(
(Civ.(Co.), 77, 18)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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TO: Registration Section Division of Corporations

> Mailing Address: Registration Section Division of Corporations

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P.O. Box 6327

SUBJECT: LA	PEGAEU L	LC	
	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fec(s) are submi	itted for filing.	
Please return all correspon	idence concerning this matter to	the following:	
	- / .	A	
	ENIO	MARTINEZ	<u> </u>
	0	Name of Person	
		200 Martines	
		Firm Con pany	
	_1251 Welson	r Rd	
	. 1	Address	
	Ozlando	Florida, 3283	37
		City/State and Zip Code	<u> </u>
	E-mail address: (to	UR 835 @ g m a 9 be used for future annual Gort notificatio	1.60m
For further information col	ncerning this matter, please call:	V	
. 1	n 2 -		000
Enio Ma	12th nez	at (954) 60450	180 phone Number
		The four Buyine fee	phone romoe.
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status		□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAPEGAEU LL	C 2654-007-30 PM 1-00
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000433306</u> .	were filed on 10 09 2024. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	917 W Emmett St
(Principal office address MUST BE A STREET ADDRESS)	Buite G, Kissimmee, FL 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3107 HERAHER ST, APT 2FL St. Louis, HO 63118
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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

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 DOALDO ANFUSO 3107 HERAHEC ST, ADT ZFL DATE ____ □Remove ₽₽¥□ _______ □Remove _____ Change _____ □Change _____ DAdd _____ □Remove

____ Change

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fective	date, if other than the date of filing: (optional)
an effect	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	's effective date on the Department of State's records.
record s Lis tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	
	ENIO HARTINEZ WETTEL Typed or printed name of signee
	Supartice of a member or obthorized representative of a member

** *

Filing Fee: \$25.00