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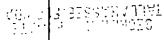
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
INV NEG SUBJECT:	RETE PAZ. LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Flor Briceno			
		Name of Person		
	Flor Briceno			
		Firm/Company		
	13790 NW 9th road			
		Address		
	Newberry, Florida, 32669			
	faithfulcorpfl@gmail.com	City/State and Zip Code		
		to be used for future annual report not	itication)	
For further information of	concerning this matter, please c	all:		
Flor Briceno		239 7039675		
Name (of Person		ne 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 (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INV NEGRETE PAZ, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/21/2024 ____ and assigned Florida document number 1.24000443734 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13790 NW 9TH ROAD, NEWBERRY, FLORIDA, 32669 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13790 NW 9TH ROAD, NEWBERRY, FLORIDA, 32669 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of The new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	GUILLEN, JOHANNA		□Add
		19 del Prado Blvd, Cape Coral, FL 33909	■Remove
			□Change
MGR	PARRA, FANNY	13790 NW 9th road, Newberry, Florida, 32669	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blooment's effective date on the De	ck does not meet the :	applicable statute	ling or more than 9 ory filing require	(optional) 0 days after filing.) ments. this date v	Pursuant to 605,020 vill not be listed as
cord specifies a delayed effective s filed.	date, but not an effec	tive time, at 12:0	H a.m. on the ea	rlier of: (b) The	90th day after the
January 10th	2025				
		(
	ignature of a member o	r authorized repres	entative of a mem	her	