## 134 000 470 Z81

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ORY AVENUE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lucia Gabriela Mostaffa I	Di martino	
		Name of Person	
		Firm/Company	
	5022 Savannah River Way	· · · · · · · · · · · · · · · · · · ·	
		Address	
	Orlando, FL .32839		
	mostaffalucia@gmail.com	City/State and Zip Code	
	E-mail address: (	(to be used for future annual report notification)	<del></del>
For further information	concerning this matter, please c	all:	20
Lucia Gabriela Mostaff	a Di martino	321 947-2837 at ( )	SECRETAL LATE
Name	of Person	Area Code Daytime Telepho	one Number
Enclosed is a check for	the following amount:		公司 建工
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee; 5 12 Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 63	Corporations 27	Division of Corporatio The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESSORY AVENUE LLC		
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appears on o orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number 1.24000470281	ty Company were filed on November	per 6th, 2024 and assigned
This amendment is submitted to amend the following	g:	
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	2024 DEC.
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our record re:	ls, enter the name of the new registered
Name of New Registered Agent:		FIE
New Registered Office Address:	Enter Florida su	out address
	omer raoriaa so	
<del>-</del>	City	, Florida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Graciela Goncalves Feligueira		□Add
		Urbanizacion Vista Alegre, Calle 8 C Caraca, DC, 1020 Venezuela	<b>■</b> Remove
			□Change
			□Add
			□Remove
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			□Change

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(If an el Note:	December 3rd, 2024 (optional)  fective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	November 30th, 2024 1:00pm
	Signature of a member or authorized representative of a member
	signature of a memory of aumorized representative of a memory
	Lucia Gabriela Mostaffa Di martino

Filing Fee: \$25.00