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COVER LETTER

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SURIEC							
JODJEC	·•• -			nited Liability Co	mpany		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: IVAN LOPEZ Name of Person							
				·			
			IVAN LOPEZ				
			Name of	Person			
				Firm/Company			
Address							
MIAMI FL 33185							
	City/State and Zip Code						
			•				
					ure annual (report notific	cation)
For turth	er int	ormation coi	ncerning this matter, please c	all:			
IVAN LO	OPEZ	Z		at (305	i - 934 - 44	28
		Name of	Person	Area	Code	Daytime '	Telephone Number
Enclosed	is a c	check for the	following amount:				
置 \$25.0	00 Fi	ing Fee	_	Certified	d Copy		Certificate of Status & Certified Copy
]]]	Regi Divi P.O.	stration Se sion of Co Box 6327	ection rporations		Registra Division The Cen 2415 N.	tion Sect of Corportre of Ta	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVAN M.L. LLC	Fligh			
(Name of the Limited Liability Compa (A Florida Limited L	Inv as It now appears on our records. Clability Company) 2024 NOV 22 PH 3: 19			
	2024 NUY 22 PH 3: 19			
The Articles of Organization for this Limited Liability Company	were filed on and assignment and assignment assignment assignment assignment as a second as a second assignment as a second	gned		
The Articles of Organization for this Limited Liability Company Florida document number L24000472164	IALLAHASSEE. FL			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabili	lity 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)				
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
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	Enter Florida street address		
	City , Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	and ient is		

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
AMBR	DEBORAH M. COBAS	15810 SW 43RD ST MIAMI FL 33185	
			□Change
			□Add
			□ Remove
			
			□ Remove
			□Change
			DAdd
			□Remove
			□ Change
			DAdd
			□Remove
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior does not meet the appli	or to date of filing or more the	quirements, this date will no	ant to 605.0207 of be listed as t
record specifies a delayed effective da d is filed.	te, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
NOVEMBER 14TH	2024			
10	,	·		
W.	2			

Filing Fee: \$25.00