L24000506657

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(Business Entity Name)
(Document Number)
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TALLACINSSEE, FL

Serie d

C/- 4/4/2025

COVER LETTER

TO:

Tallahassee, FL 32314

	stration Sec sion of Corp			
SUBJECT	BUIL	Name of Limit		
JOBSECT.	, , , , ,	Name of Limit	ted Liability Company	_
The enclosed	Articles of A	umendment and fee(s) are subn	nitted for filing	
		idence concerning this matter t	•	
		Camilo Versão	Name of Person	
		BUILD ZONE 1	LU (Firm/Company	
		100 Kings Point	DI Api 1007, Juny 11	les Beach 33160
		Sunny Isies Bec	cich Florida 33160 City State and Zip Code	
		CUUSQUEE 139 @	2 iclo ocl. com o be used for future annual report noti	fication)
For further in	formation co	neerning this matter, please ca		
amilo	Varyo	1	at () 786 Area Code Daytim	930 2551
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
☑ \$25.00 Fi	ling Fee	S30.00 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)
Reg	ing Address istration S	ection	<u>Street Address:</u> Registration Sec	ction
	ision of Co	orporations	Division of Cor The Centre of T	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 APR 14 PM 1: 26 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 _____12/05/2024__ and assigned Florida document number L24000 5066 57 ___. 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." 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 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 _ 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.

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
MBR	Johana (adavid	100 kings Point Dr Apt 1007	Þarradd
		Junny Isle Beach	□Remove
		Florida 33760	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
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f an effec Note : If	ive date, if other than the date of filing:	(.) Pursuant to 605.020
record d is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The led.	he 90th day after the
Dated _	April 91h 2025. Signature of a member or authorized representative of a member	
	Camila Vargaer	

Filing Fee: \$25.00