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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SB 6.24.25

COVER LETTER

TO: Registration S Division of Co		or the state of t	•
SUBJECT: LCC	ining frenesis Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Christian</u>	Floves Name of Person	
	craning be	Pirm/Company	
	2741 Ocean CI	Ub BIVD ADT 201 Address	2025. SECI
	HOLYWOON, F	City/State and Zip Code	2025 APR 29 SECRETALL APP
	Flores D Chris	Fight & GMCII. Com to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	့
Christian T	of Person	at (<u>954</u>) <u>826 –</u> Area Code Daytimo	Telephone Number
Enclosed is a check for	the following amount:		·
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add/tional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ess:	Street Address:	A io

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited	Sis Scru Liability Compan Florida Limited Li	y as it now appears o	n our records.)			
The Articles of Organization for this Limited Liab	oility Company v	were filed on	inuary 25th	<u>, 7075</u> ,	and assi	igned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liabil	lity company here	:			
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	ty Company," the desig	gnation "LLC" or t	ne abbrevia	tion "1,.I	IC."
Enter new principal offices address, if applicab	ole:			ري اتاير	202	
(Principal office address MUST BE A STREET	ADDRESS)	-		<u> </u>	25-	1
				1.* [7] 	z: 29	11117 1144
Enter new mailing address, if applicable:				1	::::	;
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			•	:: 9	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our reco	ords, <u>enter the r</u>	iame of t	he new	/ registere
Name of New Registered Agent:	Christian	n Flores				
New Registered Office Address:	2741 OCE	ener Florida	LVD APT street address	201	<u>.</u>	
	Hoilywa	A Cuy	Florida	335 Zij) [CA o Code	
New Registered Agent's Signature, if changing Res	gistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christian Flores	2741 Ocean CIUB BLVD	🗆 Add
		APT 201, Hallyword,	SiRemove
		FL 33019	□Change
AMBR	Maria Flores	2741 Ocean Who BLVD	🖾 \ dd
		Apt 201, Hollywood FI,	□Remove
		33019	□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	April 22rd, 2025.
	Signature of a member or authorized representative of a member
	Christian Floy LS Typed or printed name of signee

Filing Fee: \$25.00