118000224372

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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2019 JAN 11 AM 9: 04 SECRETARY OF STATE FALLAHASSEE, FLORIOJ

FILED

COVER LETTER

то:	Registration Sc Division of Cor			
47E 186 TE	•	Man 39 LLC		
SUBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Juan M. Rincón		
			Name of Person	
		The Setup Man 39 LLC		
			Firm/Company	
		8530 Miralago Way		
			Address	
		Parkland, FL 33076		
		jmrincon39@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information e	oncerning this matter, please ea	all:	
Natash	a Ramsingh, Esq.		772 9248888	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY (2019 JAN 11	
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STATE ORID	۾ _	
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The Setup Man 39 LLC
(Name of the Limited Liability Company as it now appears on our r

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number _ L18000224372 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: Juan M. Rincón 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.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida j

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> AMBR	<u>Name</u> Juan M. Rincãn	<u>Address</u> 8530 Miralago Way	Type of Action
AMBK		_	_ _____\
		Parkland, FL 33076	_
		· 	■ Remove
			☐ Change
AMBR	Juan M. Rincón	8530 Miralago Way	
 :		Parkland, FL 33076	
		·	☐ Remove
	Roselen Rincân	8530 Miralago Way	Change
AMBR			□ Add
		Parkland, FL 33076	· ·
			■ Remove
			☐ Change
AMBR	Roselen Mora Rincón	8530 Miralago Way	
		Parkland, FL 33076	Add
			☐ Remove
			Change
			□ Remove
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change

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Note: If the date inserte	than the date of filing: the date must be specific and cannot be pri d in this block does not meet the appl e on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.020 leable statutory filing requirements, this date will not be listed a ds.
If the record specifies a (b) The 90th day after		not an effective time, at 12:01 a.m. on the earlier o
October 5 Dated	2018	
	17:1	<u>-</u>
	Signature of a member or au	therized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00