L18000 268949

(Re	equestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



100346077381

Ub/22/20--01024 -018 *•25.00

2020 .u... 22 PH 6: 03

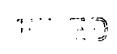
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Gabriel F1 Name of Lim	OWERS LLC ited Liability Company	.
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Gabi	(1el Arcos Name of Person	
	Gabriel	Flowers LLC Firm/Company	
	241 NE	45 th ct	
	Pompano	Bch FC 330 City/State and Zip Code	64
	E-mail address: (Arcos 24 9 900 to be used for future annual report notifi	CIII COM
For further information co	encerning this matter, please co		
Gabrie	1 Arcos	at (454) 66	74028
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Fiting 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 Jrm 22 PH 6: 03 Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) L18000268949 Florida document number 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: npano Bch Florida 33064

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.

f 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
A <u>MBR</u>	GabrielAArcos	241 NEY5that	NAdd
		Pompano Bch FL 33064	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗅 Add
			Петоve
			□Change

	Ple	ase	1Ado	1	Gal	riel	A.	Ar	205	95		
	A	MA	17	1			<u> </u>	•			-	•
			<i>, </i>									•
												•
<u> </u>					· · · ·						•	
		<u>-</u>	<u></u>								 	
						• • • • • • • • • • • • • • • • • • • •						•
							· · · · · · · · · · · · · · · · · · ·					
			<u></u>				_					
											 	
												
	 ,											
												
Effective d (If an effective Note: If the document's	date is listed e date insert	l, the date mi ed in this b	e date of fil ist be specific block does no Department o	and can of meet	the appl	icable stati	filing or natory filin	nore than 9	XX days afte	ional) er filing.) Pu iis date wil	ursuant to 605 Il not be liste	.0207 (3)(ed as the
the record spe cord is filed.	cifies a dela	iyed effecti	ve date, but i	not an e	effective	time, at 12	2:01 a.m.	on the ea	ırlier of: (b) The 9	0th day afte	r the
Dated <u>J</u>	<i>ነ</i> በሮ	16	Signature of	Ga G	2020 20	Sali	na S	of a mem	ıber			
-		M	agde	$\alpha_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$	<u>5a</u>	ted name o	<u> </u>					

Filing Fee: \$25.00