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CLE G & NAC,

COVER LETTER

Division of Corp	orations		
SUBJECT: ECCE	NTRIC DESIR	LES LIC	
	Name of Li	mited Liability Company	-
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	dence concerning this matte	r to the following:	
		- ··· O ·	
	<u>Genevieue</u>	2 B. Bruce Name of Person	
		Name of Person	
	ECCENTRI	C DESIRES LLC	
		Firm/Company	
	16155.14	th Ave 25 Address	
		Address	
	HOILY WOL	City/State and Zip Code	
		City/State and Zip Code	
	hello (o) ecc- E-mail address: (entric desires, cor to be used for future annual report not	Y) uffication)
For further information cond			
Genevieve E	SYNCE	at (754) 2604 Area Code Daytin	1797
The office of the	13011	Area Code Daytin	ne Telephone Number
England in a short for the			
Enclosed is a check for the for			
□ \$25.00 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

TO:

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

_ ECCENTRÍC DE	ESIRES	LIC	0710
(Name of the Limited Liab) (A Flori			2F13 134 - 5 D 3: 23 ars on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company wer		May 12019 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability	company h	ere:
The new name must be distinguishable and contain the words "Lin	mited Liability C	ompany," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office lress here:	address on	our records, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Flor	ida street address
		_ <u></u>	, Florida
	C	йy	7ip Code

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

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
MGR	Karmelo Perez		
		1415 G. 14th Ave 25 Holly wood, FL 33020	☐ Remove
			Change
MGR	Genevieve B. Bruce	1615 S. 14th Ave 25 Hollywood, FL 33020	DP Add
			Remove
			Change
			
		•	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	June 1 2019 K. Povez
	Signature of a member or authorized representative of a member
	_
	Karmelo Pevez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00