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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GARRIDO ENTE	-RPRISES LLC	
	Name of Lin	nited 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:	
	Jo	Name of Person	r
		Name of Person	
	***	Firm/Company	
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	139.35	SW 1007 W	
	JAC	City/State and Zip Code 51 Yea/tvr (a) aol · a 10 be used for future annual report not	om-
For further information	concerning this matter, please c		ntication)
TORGE 6	ARRIDO	at (<u>786)</u> <u>193</u> - Area Code Daytin	3906
Name	of rerson	Area Code Dayun	ne Telephone Number
Enclosed is a check for t	the following amount:		
☐ \$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
	Certificate of Status	Certified Copy	Certified Copy

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 JUN - 1 PH 3: 20 GARRIDO ENTERPRISES (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 ____ Florida document number \(\textit{L 20000 / 25660} \) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GARRIDO The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member		7378 (10)			
<u>Title</u>	<u>Name</u>	Address	1 PH 3: 20	Type of Action	
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Filing Fee: \$25.00