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(Danuaria de Name)
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJECT: SUBJECT: Name of Limited 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:				
			Jara Lurenzo				
			ivanie or reison				
			Firm/Company				
		9815	- SW 139 Stre	et			
			Address				
		Mlami	H 33176				
		Yara.	Address Add	Cov.			
For fur	ther information c	oncerning this matter, please ca		neurony			
	Yara	Lorenzo	at (305) 72 Area Code Daytim	63999			
		f Person	Area Code Daytim	e Telephone Number			
Enclos	ed is a check for the	ne following amount:					
\$2	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

	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000190384</u>	Company were filed on 10(25/11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin 2986 SW 3 The new name must be distinguishable and contain the words "Li	3 Street LLC	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:		2
(Mailing address MAY BE A POST OFFICE BOX)		
		73. 75. O
B. If amending the registered agent and/or registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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Note: If the	date inserted in the	nis block does	not meet	the applicabl	e statutory filii	ng requiremen	nts, this d	late will	not be l	isted as
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Filing Fee: \$25.00