L17000014647

		<u>.</u> .
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	TIAW [MAIL
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OCT 2 7 2020 S. YOUNG

COVER LETTER

	ion Section of Corporations	
SUBJECT: 10	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Rey Gome? Name of Person	
	Firm/Company	
	7383 NW 34 St	
	Miami, FL 33166 City/State and Zip Code bueldig Corp @ gmail. Com E-mail address: (to be used for future angula report notification)	
For further informat	ation concerning this matter, please call:	
Rey C	Jame of Person at (305) 746-1010 Area Code Daytime Telephone Number	
Enclosed is a check	s for the following amount:	
☐ \$25.00 Filing Fo	Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & Certificate of Status} \\ \Section{\Section} \\$55.00 \text{ Filing Fee & Certificate of Status} \\ \Section{\Section} \Section \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	us &

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

TO ARTICLES OF ORGANIZATION OF

104 Fairwich, LLC

company has been notified in writing of this change.

(Name of the Limite	ed Liability Company as (A Florida Limited Liabili	it now appears o ty Company)	n our records.)	
The Articles of Organization for this Limited Lis Florida document number L17000019647	ability Company were	e filed on 1/25/	17	and assigned
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liability	company here	:	
The new name must be distinguishable and contain the we	ords "Limited Liability Co	ompany," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		1181 - 8 - 888	
(Principal office address MUST BE A STREET	<u>r address)</u>	<u>-</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	738 Hic	3 NW 3	16 Si 33166
B. If amending the registered agent and/or registered agent and/or the new registered off		address on o	ur records, <u>ente</u>	r the name of the no
Name of New Registered Agent:	<u></u> 2	ey Go	HeZ_	
New Registered Office Address:	7383 N	بلا کل Enter Florida	ST HioHi	Fl 33166.
	Hia	• Ul	, Florida _	33166 . Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re	er and complete perfe stered agent as provid	ormance of my ded for in Cha	v duties, and Lam upter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent Nignature of New Registered Agent

or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Rey Gomez	7383 NW 36 Street Miami, FL 33166	
			□ Remove
			Change
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E. Effective of	late, if other than the date of filing: 9162020 (optional)
(If an effective Note: If the	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3xb) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	s effective date on the Department of State's records.
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90	th day after the record is filed.
	ا ام
Dated	911612020
<i></i>	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	I speed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00