L21000224202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
2021 MAY 24 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 MAY 24 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FL

Amend

MAY 25 2021

I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/21/2021

WALK IN

ENTITY NAME 2940 SALTED RIM RD KISSIMMEE FL 34747 LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXX	*Plain Copy*	**WALK IN**
_____	*Certified Copy*	
_____	*Certificate of Status*	
_____	_____	

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____	*Certified Copy of Arts & Amendments*	
_____	*Certificate of Good Standing*	
_____	_____	

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $25.00 ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 2940 Salted Rim Rd Kissimmee FL 34747 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabrizio Lengua
Name of Person

ZenBusiness INC.
Firm/Company

5511 Parkcrest Dr. Suite 207
Address

Austin, TX 78731
City/State and Zip Code

fulfillment@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabrizio Lengua at (512) 237-7349
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for 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)

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

FILED
2021 MAY 24 PM 12:26

2940 Salted Rim Rd Kissimmee FL 34747 LLC

(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 05/13/2021 and assigned Florida document number L21000224202.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3275 South John Young Parkway STE 793
Kissimmee, FL 34746

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3275 South John Young Parkway STE 793
Kissimmee, FL 34746

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** _____
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 = Authorized Member

Title	Name	Address	Type of Action
AMBR	Brian Badillo	3275 South John Young Parkway STE 793	☐ Add
		Kissimmee, FL 34746	☐ Remove
			■ Change
AMBR	Juan Badillo	3275 South John Young Parkway STE 793	☐ Add
		Kissimmee, FL 34746	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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 90th day after the record is filed.

Dated 05/21, 2021.

Brian Badillo
Signature of a member or authorized representative of a member

Brian Badillo
Typed or printed name of signee

Filing Fee: $25.00