L0500090386

(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:
•

Office Use Only



900308533539

02/06/18--01027--008 **25.00

18 FEB - 6 AM 7: 31

FILEO SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed 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 12-26-2017 Florida document number \(\begin{aligned} \tilde{\partial} \tilde{\partia 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
MAR	Væge José R.	P.O. BOX 150602 Cape Corol # 33915	∄ Add
		Cape Conditt 33915	□ Remove
			Change
MGA	Julio Irquiendo	11728 Ivy flower Loop Riverview FL 33578	🗖 Add
		Riverview FL 33578	Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
<u></u>			
			☐ Remove
			Change
			□ Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		_	
			
		=	7
		8 F	רו
			HA
		ځ	SSE
		AM	<u>, i, i</u>
			[]
		္အမ	RID
			>
Effe	etive date, if other than the date of filing: (optional)		M7 (2).
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	nt to 603.02 of be listed	as the
docu	ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier	of:
Th	e 90th day after the record is filed.		
D-4-	J-NUARY 2 2018.		
Date			
	MALI		
	Signature of a member or authorized representative of a member		
	Tulis 4. Izquiendo		
	(TINI) & LEGYICKUD		

Page 3 of 3

Filing Fee: \$25.00