

LO7000079549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

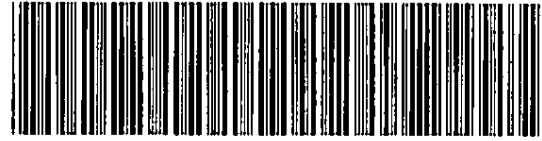
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR -9 AM 10:19
TALLAHASSEE, FL

D. BRUCE
JUN 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADRIANA GARCIA GUERRERO 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:

YUDERCA BARBERA
Name of Person
BUSINESS PLUS TAX SOLUTIONS INC
Firm/Company
5258 GOLDEN GATE PKWY SUITE 106
Address
NAPLES, FL 34116
City/State and Zip Code
yudy@businessplustaxes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YUDY BARBERA at (239) 643-9968
Name of Person Area Code Daytime Telephone Number

Stamp: **STATE OF FLORIDA
TALLAHASSEE, FL
2021 APR -9 AM 10:19
E-11-07**

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**

ADRIANA GARCIA GUERRERO 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 08/02/2007 and assigned Florida document number 1.07000079549.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ADRIANA VILLARREAL LLC

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:

ADRIANA VILLARREAL

New Registered Office Address:

3340 GRAND CYPRESS DRIVE APT 202

Enter Florida street address

NAPLES

City

Florida 34119

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.

Adriana Villarreal

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECOND QUARTER
 2021
 TALLAHASSEE COUNTY
 BOARD OF
 COUNTY COMMISSIONERS
 PUBLIC MEETING
 FEBRUARY 11, 2021
 11:00 AM

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

Multiple horizontal lines for amending information.

2021 APR -9 AM 10:20
TALLAHASSEE, FL

FILED

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 _____

Adriana Villarreal

Signature of a member or authorized representative of a member

ADRIANA VILLARREAL

Typed or printed name of signee

Filing Fee: \$25.00