## L10000039859

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    | ···-        |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





400352862994

10/02/20--01014--015 ++25.00

S TALLENT NOV 12 223

2020 OCT -2 AH 9: 10

## **COVER LETTER**

| Division of Cor               | porations                                    |   |  |
|-------------------------------|--|---|--|
| SUBJECT:                      | 10450 N.W                                    | ited Liability Company  | 20   |
|                               | Name of Lim                                  | ited Liability Company  |  |
| The anclosed Articles of      | Amendment and fee(s) are sub                 | omitted for filing  |  |
|                               | ·  | -   |  |
| Please return all correspo    | ondence concerning this matter               | to the following:   |  |
|                               | Orlan  | Logo Name of He son   |  |
|                               |  | lastering LLC<br>Firm/Company   |  |
|                               | 22 Nu  | U 25th Terrace Address  |  |
|                               | FI La  | Uderdala, FL 33 City/State and Zin Code   | 311  |
|                               | E-mail@ddress: (                             | City/State and Zip Code  Usaplastering. net to be used for future annual deport notif | L<br>ication)  |
| For further information c     | oncerning this matter, please ca             | all:  |  |
| Ilian                         | a Lago                                       | at (954) 410-<br>Area Code Daytime  | 9188   |
| Name o                        | f Person                                     | Area Code Daytime   | : Telephone Number   |
| Enclosed is a check for the   | ne 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 Addres Registration S |  | Street Address:<br>Registration Sec   | etion  |
| Division of C                 | Corporations                                 | Division of Corp  | porations  |

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 10450 H.W. 3  | Street LLC  | <u></u>                             |
|---|---|-------------------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi  | mpany as it now appears on our re<br>ited Liability Company)  | cords.)                             |
| The Articles of Organization for this Limited Liability Comp  | any were filed on4/13/  | and assigned                        |
| This amendment is submitted to amend the following:   | Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  or this Limited Liability Company were filed on 4/13/20/0 and assigned 7-2335571  or amend the following:  the new name of the limited liability company here:  le and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ddress, if applicable:  TBE A STREET ADDRESS)  applicable:  POST OFFICE BOX)  agent and/or registered office address on our records, enter the name of the new registered ed office address here:  THE Address:  Enter Florida street address  Florida  Florida |                                     |
| 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 I.  | iability 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  | 2   | en cct                              |
|   |   | -2                                  |
| Enter new mailing address, if applicable:   |   |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | بند في                              |
|   |   | . 0                                 |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here:  Name of New Registered Agent: | ice address on our records, <u>e</u> i  | nter the name of the new registered |
| New Registered Office Address:  |   |                                     |
|   | Enter Florida street ac   | ldress                              |
|   |   | . 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 **Address** Type of Action Name 810 NW 115 Hre BAdd MGR Iliana Lago Plantation FL 33305 | Remove \_\_\_\_\_ Change MGR Lizette Gonzalez 800 NW 115 AVR WANDE Plantation, FL 33325 DRemove \_\_\_\_\_ □Change \_\_\_\_\_\_□Add \_\_\_\_\_ □ Remove □Remove Remove

| _                   |   |    |
|---------------------|---|----|
| _                   |   |    |
|                     |   |    |
| _                   |   |    |
| _                   |   |    |
| _                   | <del></del>   |    |
| _                   |   |    |
| -                   | <u> </u>  |    |
|                     |   |    |
| _                   | · · · · · · · · · · · · · · · · · · ·   |    |
|                     |   |    |
| _                   |   |    |
| _                   |   |    |
|                     |   |    |
| _                   |   |    |
| _                   |   |    |
|                     |   |    |
|                     |   |    |
|                     |   |    |
| if an effe<br>Note: | ve date, if other than the date of filing:  |    |
| e record            | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted. | he |
| Dated_              | Sept 23 , 2020.   |    |
|                     | Sept 33 , 2020 .  Signature of a member or authorized paresentative of a member   |    |
|                     |   |    |