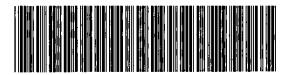
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(F	Requestor's Name)			
	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			W <sub>A</sub>
SUBJECT: Te	SUS LOP-C Name of Limit	Z LLC ed Liability Company	<b>\</b>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Hannah	Name of Person	<del> </del>
	Business	Control Sen	rice, Inc
	3925 S.	Nova Road	<u>d</u> €or.
	Port Ora bcs@bu	City/State and Zip Code Sives S Contr be used for future annual report notific	018enice res
Kan fruthan information and			ation)
For further knormation con	cerning this matter, please call	i;	:5
Hannah Name of P	Person	at (386) 760- Area Code Daytime T	- 5454 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
1	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jesus Lopez	LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1200000842</u> .	were filed on $1312$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  TC Interpretion  The new name must be distinguishable and contain the words "Limited Liability".	q UC
Enter new principal offices address, if applicable:	3925 S. Nova Rd .
(Principal office address MUST BE A STREET ADDRESS)	Port Orange, FL 32127 = E
Enter new mailing address, if applicable:	PR 2
(Mailing address MAY BE A POST OFFICE BOX)	more than the second se
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: 3925	Enter Florida street address
Port	Orancy, Florida 32127 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** \_□ Add □ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ ∧dd

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00