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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven Henriquez			
		Name of Person		
	Steven J Henriquez CPA I	.1.C		
		Firm/Company		
	5825 Sunset Dr 201			
	•	Address		
	Miami, FL 33143			
		City/State and Zip Code		
	info@sjh-cpa.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Steven Henriquez		305 423-6399		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co.	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ORGANIZATI F ny as it now appears of liability Company) were filed on April		and assigned
R ny as it now appears of liability Company)		USEP 25 PH
ny as it now appears o liability Company)	n our records.)	EP 25 PH
	n our records.)	25 PH 25 PH
	n our records.)	P. F.
	n our records.)	
were filed on April		
	1, 2013	and assigned 🕰
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ility company nere	;	
ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
6868 Tussilago Wa	ny	
Orlando, FL 32822		_
 		
(0.60 m)) N		
Orlando, FL 32822	ļ. 	
address on our reco	ords, enter the na	me of the new registered
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Frier Floride	strant oddrass	
times y torrac	i sir cer tatar ess	
	, Florida _	
City		Zıp Cod€
performance of m provided for in Cha	y duties, and I an apter 605, F.S. O	n familiar with and r, if this document is
1	6868 Tussilago Wa Orlando, FL 32822 6868 Tussilago Wa Orlando, FL 32822 6868 Tussilago Wa Orlando, FL 32822 address on our reco Enter Florida City ee to act in this cap performance of my provided for in Cha	

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>	Address	Type of Action
MGRM	CADET, DARNELLE	6564 ROSECLIFF DR.	□Add
		111	■Remove
		Orlando, FL 32835	□ Change
			DAdd
			□Remove
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
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If amending any other inform			
			
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Effective date, if other than the lf an effective date is listed, the date means the lf the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 c	(optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed a
e record specifies a delayed effect rd is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
Dated September 21	2020		
	Calla	_	
	Signature of a member or withori	zed representative of a membe	r
	Carlyn Trib	ble	
	Typed or printed	name of signee	