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COVER LETTER

	egistration Sec Pivision of Corp			
CUD IDO		MENDEZ PL	7	ŧΪ
SUBJECT	ı:	Name of Lim	nited Liability Company	 ·
The enclos	sed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		JESUS IRIZARRY, ESQ.		
			Name of Person	
		IRIZARRY MENDEZ PL		
			Firm/Company	
		P.O. BOX 771713		
			Address	
		ORLANDO, FL 32877		
		·	City/State and Zip Code	
		INFO@IRIZARRYMEND	EZ.COM to be used for future annual report no	otification)
For further	r information co	ncerning this matter, please c	•	
JESUS IR			321 300-4529	
	Name of	Person	at ()	me Telephone Number
		. •	viiou cout isu, ii	Telephone (value)
Enclosed i	s a check for the	following amount:		
/	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)
R D P	failing Address: Legistration So Division of Co .O. Box 6327 allahassee, F	ection orporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIZARRY MENDEZ PL			
(<u>Name of the Limited Lia</u> (À Fl	ability Compan orida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liabili	ty Company v	were filed on 6/24/2013	and assigned
Florida document number L13000090641	 ·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabil	ity company here:	
The new name must be distinguishable and contain the words	"Limited Liabili	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		390 N. ORANGE AVE., SUITE 230	0 2
		ORLANDO, FL 32801	2020 HO
			· FR
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		
3. If amending the registered agent and/or regist gent and/or the new registered office address her		idress on our records, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:			
New Registered Office Address: 39	0 N. ORANGI	E AVE., SUITE 2300	
		Enter Florida street address	
OH	RLANDO	, Florida	32801
_		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department.	ck does not meet the applicabl	date of filing or more than	(optional) 90 days after filing, rements, this date) Pursuant to 605.02 will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time	, at 12:01 a.m. on the 6	earlier of: (b) Th	e 90th day after th
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November 13		•		
nted November 13			/	
ited	Signature of a member or authory	6		