L14000060111

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. DocuSig 1 Envelope ID: 7BA935FD-B0D5-45E9-8B13-D3DB9AF43A8F COVER LETTER TO: Registration Section **Division of Corporations** NEW IMAGE 2000, LLC SUBJECT: 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: VICTOR M. SOTO Name of Person NEW IMAGE 2000, LLC Firm/Company 112 CRESCENT CT Address KISSIMMEE, FL 34758 City/State and Zip Code NEWIMAGE2000VV@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VICTOR M SOTO 255-9580 Name of Person Daytime 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. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12100 -5 AH 7:30

	I Liability Company of it now uppers on our request.	1
(A	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Lial Florida document number L14000060111		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		-
Enter new mailing address, if applicable:		
	eov)	
<u>(Mailing address MAY BE A POST OFFICE B</u>		
(Mailing address MAY BE A POST OFFICE B		_ .
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter t</u>	he name of the new regis
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter t</u>	he name of the new regis
B. If amending the registered agent and/or regarent and/or the new registered office address	gistered office address on our records, <u>enter t</u> <u>here</u> :	
	gistered office address on our records, <u>enter t</u>	

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

, DocuSign:Envelope ID: 7BA935FD-B0D5-45E9-8B13-D3DB9AF43A8F
II amenuing Authorized rerson(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	<u>Name</u>	<u>Address</u> 2:2)00 -3 AN 7:30	Type of Action
MGR	JERLY V. CASTRILLO PEREZ	12800 GETTYSBURG CR	= Add
		ORLANDO, FL 32837	□Remove
		-	□Change
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Filing Fee: \$25.00