

(Re-	questor's Name)	
(Ad	dress)	
<del>-</del>	<del></del>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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2019 SEP 23 PH 12: 39
Submitted in Action Files

OCT 1 0 2019

## COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: <u>Gene</u>	eral Property Name of Limit	Main Tenal	nce LLd	- `
	nendment and fee(s) are subn			
	Dayne	Baez Name of Person		
		l.	lant. L	4
	4621 54	Address	-	·
		City/State and Zip C	33914 ode	<u>, 19-,-</u>
For further information con-	E-mail address: (to	be used for future and	nual report notification	)
Name of Po			333-810 Daytime Telepi	Anone Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee		S55.00 Filing F Certified Copy (additional copy in	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		1		

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

General Property		nTenance L	<b>し</b> と、		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe	ars on our records.)		_	
	]."	. 110 . 11.1			
The Articles of Organization for this Limited Liability Company w	ere filed on _	4120114	and	assign	ed
Florida document number <u>L1400065651</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	ty company l	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or th	ne abbreviation	"L.L.C	77
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			G	20	
			AL.	S 6	es i à
•			ALLAHÁS	-19	, <del>- 1</del>
Enter new mailing address, if applicable:				23	. an
(Mailing address MAY BE A POST OFFICE BOX)			ία: 	PH	7 ? !
Mauring matress MAT BE A FOST OFFICE BOAT	<del></del> -		1.1.	-12:	أبيء
•			<u>L:</u>	<del>-</del> အ	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address o	on our records, <u>en</u>	ter the nar	ne of	the nev
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:					
	Enter Fl	orida street address			
	<u>:</u>	, Florida			
	City		Zip Co	xle	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance o ovided for in	of my duties, and La Chapter 605, F.S. (	ım familiar Or, if this d	with a ocume	nd
If Chungi	na Romstored	Agent Signature of New	Parietared (	haont	_

	Authorized Person(s) authorized to mana om our records:	age, <u>enter th</u>	e title, name, and address of each p	erson being added
MGR = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
AMBIZ	Adrian MADRIGAL	1917	LAPE CORAL PLLY W.	<b>/X</b> Add
		CAPE	CORAL, F1 33914	Remove
			1	🗆 Change
AMBR	Leonardo Almaguer Agi	lepo	4621 SW 25th CT.	_ <b>⊠</b> Add
			CAPE CORAL F1 33914	t ☐ Remove
				Change
<del></del>		<del></del>		🗆 Add
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				□ Remove
				☐ Change

D. If amending any other information, enter change(s) here: (Atta	ach additional sheets, if necessary.)
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	<u> </u>
E. Effective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an e (b) The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of:
Dated 9/18/2019	
Signature of a member or authorized re	presentative of a member
Felix BAZZ	
Typed or printed name	of signee
Page 3 of 3	3

Filing Fee: \$25.00