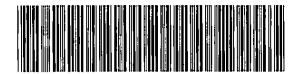
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SECRETARY OF STATE

O SIMMONS

COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: The Saint Fencing UC 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:	
LAZAIZO Herrera Name of Person	
Firm/Company	
7902 Virginia Pine ct	
Orlando Fl 32825 City/State and Zip Code The Saint Fencina etotmail.com E-mail address: (to be used for future annual seport notification)	
The Saint _ Fencina etotmail.com E-mail address (to be used for future annual seport notification)	
For further information concerning this matter, please call:	
Kenaira Rodkiguez at (407) 746 4674 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigc	

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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/400009_222</u> .	were filed on June 2044 and assigned,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	vility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI.C" or the abbreviation" L.L.
Enter new principal offices address, if applicable:	N/A Page
(Principal office address MUST BE A STREET ADDRESS)	77.0
Enter new mailing address, if applicable:	N/h
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	<u>re</u> :
	ARO Herrera
New Registered Office Address: 7902	2 Virginia Pine ct Enter Florida street address
O.c.	City . Florida 32825 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Type of Action Title Address Kengira Radrigue 591/ 8/W 12th Street costaft □ Remove _ Change □ Add _□ Remove _□ Change □ Add □ Remove _□ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Kinain Dodno
	Signature of a member or authorized representative of a member Kenaira S Rud Rigu-Z
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00