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(City/State/Zip/Phone #)
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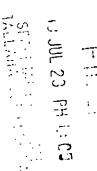
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COVER LETTER

TO:

Registration Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

WASHUP SUBJECT.	FLORIDA LLC		
SUBJECT:	Name of Lim	nited 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:	
	MARIA GIL		
		Name of Person	
		Firm/Company	
	976 E. ÖSCEOLA PKWY		·
	KISSIMMEE, FL 34744	Address	
	VRPHMGIL@HOTMAIL.	City/State and Zip Code COM	
		to be used for future annual report notifi	leation)
For further information c	concerning this matter, please co	all:	
REYNALDO IZAGUIRRE		407 6830998 at ()	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	15.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000116294}{L14000116294}$.	were filed on 7/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	• • •	
Enter new principal offices address, if applicable:	976 E. OSCEOLA PKWY, KI	SSIMMÈË ÊL, 34744
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Inter new mailing address, if applicable:	SAME AS ABOVE	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	KS.
	, FI	oridaZip Code
	Cuỳ	гір Соас

New Registered Agent's Signature, if changing Registered Agent:

WASHUP FLORIDA LLC

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
MGR	REYNALDO IZAGUIRRE		□ Add
		2924 CAMOMILE DRIVE	U Add
		ORLANDO, FL 32837	Remove
MGR	ALFREDO J MEYER		
		2924 CAMOMILE DRIVE ORLANDO, FL 32837	■ Remove
	ATABLA ALEYANINDA CII	8751 BUENA PLACE,	Change
MGR	MARIA ALEXANDRA GIL	WINDERMERE, FL 34786	
			□ Remove
			Change
MGR	MARIA ANDREINA GIL	8751 BUENA PLACE, WINDERMERE, FL 34786	■ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
		·	Change

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E. Effectiv	7/18/2019 re date, if other than the date of filing:
<u>Note:</u> 1	tive 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 _	07/18/2019 . 3.29
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00