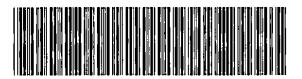
## L14000144292

Office Use Only



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## **COVER LETTER**

| O:              | Registration Sec<br>Division of Corp |   |   |  |
|-----------------|--------------------------------------|---|---|--|
| iUBJEG          | Licoga LLC                           | ,   | •   | •  |
| OBJE            | VI                                   | Name of Limit                             | ted Liability Company   | <del></del>  |
| The enc         | losed Articles of A                  | Amendment and fee(s) are subn             | nitted for tiling.  |  |
| Please r        | eturn all correspor                  | ndence concerning this matter t           | o the following:  |  |
|                 |                                      | Juliana Ruiz                              |   |  |
|                 |                                      |   | Name of Person  |  |
|                 |                                      |   | Firm/Company  |  |
|                 |                                      | 4566 N. Hiatus Road                       |   | <del></del>  |
|                 |                                      | Sunrise, FL 33351                         | Address   |  |
|                 |                                      | Shirtse, P.E. 33331                       | City/State and Zip Code   |  |
|                 |                                      | juliana@printex.net                       | to be used for future annual report notifi                          | cation)  |
| For furt        | her information co                   | meerning this matter, please ea           |   |  |
| Juliana         | Ruiz                                 |   | 305 606-5044<br>at ()   |  |
|                 | Name of                              | l'Person                                  | Area Code Daytime   | Telephone Number   |
| Enclose         | ed is a check for th                 | ne following amount:                      |   |  |
| _ <b>≡</b> \$25 | 5.00 Filing Fee                      | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Cortificate of Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Licoga LLC  |   | <u> </u>             |
|---|---|----------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I                                    | ny as it now appears on our records.)<br>Jiability Company) |                      |
| Articles of Organization for this Limited Liability Company da document number L14000144292             | were filed on <u>09/15/2014</u>                             | and assigned         |
| amendment is submitted to amend the following:  |   | <b>د</b> ء           |
| famending name, enter the new name of the limited liab  | ility company here:   | 7020 OCT             |
| ew name must be distinguishable and contain the words "Limited Liabi                                    | lity Company," the designation "LLC" or the abl             | previation 1.1.      |
| r new principal offices address, if applicable:   | 4566 N. Hiatus Road   | P 0                  |
| ncipal office address MUST BE A STREET ADDRESS)   | Sunrise, FL 33351   | 1: 23                |
| r new mailing address, if applicable:   | 4566 N. Hiatus Road   |                      |
| ling address MAY BE A POST OFFICE BOX)  | Sunrise, FL 33351   | <u></u>              |
| f amending the registered agent and/or registered office and/or the new registered office address here: | address on our records, <u>enter the nam</u>                | e of the new registe |
| Name of New Registered Agent: n/a   |   |                      |
| New Registered Office Address:  | Enter Florida street address                                | <u> </u>             |
|   | , Florida   |                      |
|   | City  | Zip Code             |

w Registered Agent's Signature, it changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records:

GR = Manager

## 4BR = Authorized Member

| <u>le</u> | Name         | Address              | Type of Action                                    |
|-----------|--------------|----------------------|---|
| imr       | Liliana Cobo | 16408 SW 39th Street |   |
|           |              | Miramar, FL 33027    | ■Remove   |
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| ctive date, if other than the da  | ate of filing:                 |  | (option:  | al)   |
| effective date is listed, the date must be<br>:: If the date inserted in this block | e specific and cannot be prior | to date of filing or mo<br>able statutory filing | ore than 90 days after fill<br>crequirements, this da | mg.) Pursuant to 605.020<br>ate will not be listed a: |
| ment's effective date on the Depa   | artment of State's records     |  |   |   |
|   |                                |  |   |   |
| ord specifies a delayed effective o   | late, but not an effective t   | ime, at 12:01 a.m. o                             | n the earlier of: (b)                                 | The 90th day after the                                |
| filed.  |                                |  |   |   |
| October 19  | 2020                           |  |   |   |
| ed  | ·                              | <u> </u>   |   |   |
| . /( / /  |                                |  |   |   |
|   |                                |  |   |   |
| A Si  | ignature of a member or auth   | orized representative                            | of a member   |   |

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Filing Fee: \$25.00