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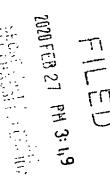
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

MAR 1 9 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration So Division of Con			
2919 W. A	ileen St., LLC		
SUBJECT:	Name of Lin	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:	
	Amanda Wagner		
		Name of Person	
		Firm/Company	
	1310 N. 22nd Street		
		Address	
	Tampa, Florida 33605		
		City/State and Zip Code	
	fuentefamily@fuenteholdir	ngs.com to be used for future annual report not	•
For further information c	oncerning this matter, please c	•	incation)
Amanda Wagner		813 549-6043 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Address		<u>Street Address:</u> Registration Se	action
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	l'allahassee
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2919 W. Aileen St., LLC				
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Compar	ny were filed on $\frac{01/23}{1}$	3/2015	and assigned
Florida document number L15000013310				-
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited lia	ability company here	:	
				20
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the desi	gnation "LLC" or the	$-\epsilon$ $-\epsilon$
Enter new principal offices address, if applic	cable:			# B T
Principal office address MUST BE A STREE	TADDRESS)			
				3
				<b>ب</b>
Enter new mailing address, if applicable:		PO Box 5983		<u>•</u>
Mailing address MAY BE A POST OFFICE	BOX)	Tampa, FL 33675		
B. If amending the registered agent and/or in a sent and/or the new registered office addre	registered office ss here:	e address on our reco	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Liana Fuente			
New Registered Office Address:	1310 N. 22nd	l Street		
<del></del>	<del></del>	Enter Florida	street address	
	Tampa		Florida _	3605
		City		Zip Code

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

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□Add
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(If an efi Note:	fective date is listed, t If the date inserted	than the date of filing: the date must be specific and ed in this block does not me e on the Department of Sta	cannot be prior to date o	filing or more than 90 da	(optional) ys after filing.) Pursuant to 6 ats, this date will not be li	05.0207 (3 isted as th
ne recor ord is fi	rd specifies a delay led.	ed effective date, but not a	n effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day af	fter the
Dated	<u> 19-12-1</u>	2020				
	(					

Filing Fee: \$25.00

Typed or printed name of signee