# 115000045292

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	ocument Number)	
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# **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJEC	CT:		nclick uc ited Liability Company	<del></del>	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
		Carlos	Roldon Name of Person		
		Ge	Kon Click Firm/Company		
		old adhess -215 E		8834 N SGH St	Tompa,F2 33617
		Tampa 33	617 City/State and Zip Code	<del></del>	
		Onytime to E-mail address: (1	to be used for future annual report notifi	lication)	
For furth	er information co	oncerning this matter, please ca	all:		
	CiHas P Name of	Person	at (813) 410-S Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	e following amount:			
<b>¥</b> \$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:

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**

( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now app mited Liability Compar	oears on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number  LT  LT			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	here:	
The new name must be distinguishable and contain the words "Limited		=	
Enter new principal offices address, if applicable:	8834	N SG-th st.	Tampafe 336)
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			15 NOV 19 PH
B. If amending the registered agent and/or register registered agent and/or the new registered office address		on our records,	The second second
Name of New Registered Agent:	same		
New Registered Office Address:	\$834 N	Florida street address	<u>s</u>
	Tampa	, Flori	
New Registered Agent's Signature if changing Registered A	City		Zip Code

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

Title **Type of Action Address** Cartas Roldon □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change Change 🗗 ORIO Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

f amending any other in	formation, enter change(s)	here: (Attach additional	sheets, if necessar	v.)
• •	•		<del>.</del>	
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				SEE.
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an effective date is listed, the Note: If the date inserted in	an the date of filing: A date must be specific and cannot be a this block does not meet the a n the Department of State's red	e prior to date of filing or more to applicable statutory filing rec	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605.020
e record specifies a d The 90th day after t	elayed effective date, bune record is filed.	ut not an effective time	e, at 12:01 a.m.	on the earlier o
ated		·		
	Signature of a member o	r authorized representative of a	member	
	Onto	D10.		

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Filing Fee: \$25.00