## L15000115425

(Re	questor's Name)	
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## COVER LETTER \*

TO:		ration Section on of Corpor			e .		
OLID VE	A	mbrozia Ente	erprises, LLC				
SUBJE	CI: _	<u></u>	Name of Lim	ited Liability Company			
The encl	losed A	rticles of An	nendment and fee(s) are sub	mitted for filing.			
Please re	eturn al	l corresponde	ence concerning this matter	to the following:			
			Julian A. Eisig Martinez				
				Name of Person			
			Ambrozia Enterprises, LLG	C			
				Firm/Company			
			5540 Washington Street A	pt <b>45</b> 106			
			Address				
			Hollywood FL 33021				
			City/State and Zip Code				
		<u>-</u>	julianeisig@yahoo.com	to be used for future annual report no	tiffaction)		
For furth	ner info	rmation conc	erning this matter, please ca	•	uncation)		
Jair Pea	rson			305 5057792 at ( )			
Name of Person Area Code Daytime Telephone Numb			ne Telephone Number				
Enclosed	d is a cl	neck for the f	ollowing amount:				
□ \$25.	00 Filii	ng 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

Ambrozia Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	07/06/2015	
The Articles of Organization for this Limited Liability Co	ompany were filed on	<u> इंद्र</u> क्वेंd assigned
Florida document number L15000115425	<u></u> .	CR CE T
This amendment is submitted to amend the following:		55 5 F
A. If amending name, enter the new name of the limi	ted liability company here:	THE TO
		2: 0 ETA:
A. If amending name, enter the new name of the limit  The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "	LLC" or the abbeviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_	·	
B. If amending the registered agent and/or regist		ords, <u>enter the name of the nev</u>
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Tion itegistered office radiation.	Enter Florida street ac	ldress
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I house a count the approintment as use is touch as out of	and aguas to got in this acception	I fourth on games to someth with the

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>	<u>Address</u>	Type of Action
AMBR	Jair Pearson	5540 Washington Street #106	<b>■</b> Add
		Hollywood FL 33021	□ Remove
			□ Add
			□ Remove
			☐ Change
			□ Add
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			A Add  CRETT Removes  SSE
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Filing Fee: \$25.00