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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	у

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TO: Registration Section Division of Corporations

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eneration SUBJECT: Jame of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>561)</u><u>367-1418</u> Area Code Daytime Telephone Number USAN A. Lopez

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ТО	
ТО	
ARTICLES OF ORGANIZATION	
OF	
lengrationz LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $1 - 29 - 15$ and assigned	d
Florida document number L 15000139657	
This amendment is submitted to amend the following:	
4. If amonding name, actor the new name of the limited lisk life, some on the	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:	- 12
(Principal office address MUST BE A STREET ADDRESS)	2
	····
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg	istered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	ROBERT JIMENEZ	8649 NW 58th Court	IMAdd
		Parkland FL 33067	🗆 Remove
			🗆 Change
AMBR	DANIEL JIMENEZ	4061 CRYSTAL LAKE DR	Add
		POMPANO BEACH FL 3306	✓ □Remove
			⊡Change
			⊡Add
			🗆 Remove
			□Change
			🗆 Add
			⊡Remove
			□Change
	<u></u>		🗆 Add
			🗆 Remove
			⊡Change
	,		🗆 Add
			🖾 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	pril 8	. 2020		
	Signature	e of a member or authoriz	red representative of a member	
<u> </u>	CRUTOBA	L JIMENEZA Typed or printed i	PRESIDENT	