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COVER LETTER

TO:	Registration Se Division of Cor			
. 21 216 142	ALCIDES.I	FERREIRA.HWY.101, LLC.	ADD MÁNAGER	
SUBJE	(1:	Name of Limi	ted Liability Company	·
The enc	losed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eium all correspo	ndence concerning this matter	to the following:	
		SABRINA WALL		
		FRANVEST MANAGME	Name of Person	
		1080 WÓÓDCÓCK RD S	Firm/Company FE 295	
		ORLANDO, FL 32803	Address	
		SABRINA@FRANCHISEI	City/State and Zip Code 3A.COM	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please of	nll:	
SABRI	NA WALL		407 856-0611 at()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
		AZ .		
		ANG ADDRESS:	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALCIDES.FERREIRA.HWY.101, LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2015}{}$

2019 COT 29 PH 12: 26

____ and assigned

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

Florida document number L15000132271	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abbreviation "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)		
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of a sent as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	If Changing Registered Ag	ent, 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
MGR	FERREIRA, ALCIDES	2572 Bry Pointe Dr.	■ Add
		2572 Bry Pointe Dr. Weston, FL 33327	Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
		 	Remove
			Change
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		□ Remove	
			Change
			
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13.00	t e c CCV	(antianal)
Effective date, if other than the fif an effective date is listed, the date mu	st be specific and cannot be prior to date.	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3
Note: If the date inserted in this b	lock does not meet the applicable sta	ntutory filing requirements, this date will not be listed as th
document's effective date on the I	pepartment of State's records.	
		struction time at 12 01 and the opplier of
the record specifies a delaye) The 90th day after the rec	d effective date, but not an e cord is filed.	effective time, at 12:01 a.m. on the earlier of:
, , , , , , , , , , , , , , , , , , , ,		
Dated October 24th	2019	
Dated		
	Signature of a member or authorized r	epresentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00