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(Requestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp	ction porations	F 6 0	1
SUBJECT:	A C P / Ju	ted Mability Company	
The enclosed Articles of z	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspoi	ndence concerning this matter t	to the following:	
	Cau	e Puit	<u>&</u>
	Q.C.P.	Name of Person Joseph J J Firm/Company	° C
	10160	Address Cc	ach a. 14-1
	Lake >	Youth 7 la City/State and Zip Code	33449
	C PINTO / E-mail address: (t	99 & C. MAIL. Co be used for future annual report n	Cery otification)
For further information co	oncerning this matter, please ca	ılı:	
— Quind Name of	Person	at ()5 Area Code Days	61-964-275 (ime Telephone Number
Enclosed is a check for th	e 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:

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 ,

le P Almo	110	
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1500014 2</u>	• •	8 20 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company he	<u>·e</u> :
The new name must be distinguishable and contain the words "Limit	ited 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)		
B. If amending the registered agent and/or registered agent and/or the new registered office address of New Paristered Approx		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of a gent as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	If Changing Registered Ag	nt, 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>	Address	Type of Action
MGR	Peter Puelo	37- Hamled Dr. Commack, J. 4 11725	Add □ Remove
		Lowmack, b. 9 11725	
		<u> </u>	Change
			□ Add □ Remove
			□ Add
			Remove
			□ Change
			□ Add
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			Change
			□ Add
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			_□ Change

n am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	5/21/19
	Signature of a member or authorized representative of a member
	CARUL PINTO

Page 3 of 3

Filing Fee: \$25.00