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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
OUD HEZTT.		ORIDA LLC	•	
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		LUIGI RANIERI		
			Name of Person	····
		TOTAL FLORIDA LLC		
			Firm/Company	
		8300 NW 53RD ST. STE .	350	
			Address	<del></del> -
DORAL, FL 33166				
			City/State and Zip Code	
		INFO@SMARTORS.NET		
		E-mail address: (	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
LUIGI RAI	NIERI		786 4494644	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	ortion.
	egistration S ivision of C	Section orporations	Registration Section Division of Corporations	
	O. Box 632		The Centre of	
Ta	allahassee J	FI 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL FLORIDA LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L16000018128	Company were filed on 01/26/2016	and assigned
Florida document number	<del></del> •	_
This amendment is submitted to amend the following:		Hd 41.
A. If amending name, enter the new name of the lin	nited liability company here:	#: #:
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ia
	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 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>	Name	<u>Address</u>	Type of Action
MGR	ROSETTA SABATINO	8300 NW 53RD ST. STE 350. DORAL, FL 33166	<b>=</b> Add
		<del></del>	□Remove
			□Change
			□Add
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fective date, if other than the da un effective date is listed, the date must b	e specific and cannot be prior			g.) Pursuant to 605,0207
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ecord specifies a delayed effective of is filed.	late, but not an effective ti	ime, at 12:01 a.m. or	n the earlier of: (b) T	The 90th day after the
	2020			
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ted			/	
ated JUL 03	gnature of a member of anth	orized representative of	of a member	