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JUL 01 2016 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Gonzalez Su	varez Law, P	UC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Linnha	Gonzalez Suo	1422	
	Gonza	Firm/Company		- 500
	#100519	ABAR RD NW Y, FL 32910		16 JUL 30 PH 1: 06
		City/State and Zip Code	<del>.</del>	P: -
	QONZGIEZSU E-mail address: (	LAYEZ   QW @ Q to be used for future annual report	mail Gm otification)	1:06
For further information	concerning this matter, please ca	all:		
Linnha Cronz Name	oUZ SUOTEZ of Person	at Area Code Dayt	ime Telephone Number	-
Enclosed is a check for	the 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 Fe Certificate of S Certified Copy (additional copy is	tatus &
Regis Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COUR Registration Sec Division of Corp Clifton Building	oorations	

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gonzalez Suare	ez Law, PULC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>UN600023433</u>	were filed on 2/3/16	_and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	- 1155 MALABAR RD NW #100519 PALM BAY, FL 32910	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 10051 Palm Bay, FL 3	9 9 9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	City , Florida	Zip Co <b>d</b> e

## 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;

<u> Fitle</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
		X	☐ Change
			□ Add
			□ Remove.
			□ Change
			☐ Change TEN
			□ Remove
		<del>.</del>	Change
	·		Add
		<del></del>	□ Remove
			Change
	<del> </del>		
			☐ Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
In the sunbizory website, under	
my business' information, under the	
Section "Authorized Personis) Detail"	
my name shows as "Suarez, Linnha G	7 '1
havever, I have two last names, that	•
are not hyphenated. My name should be	
<u> Listed as "Gonzalez Suarez, Linnha"</u>	
Thank you!	
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<u></u>	1
	7
<u> </u>	
11/2	
C. Effective date, if other than the date of filing:    V/A	
f 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.	of:
Dated June 27, 2016.	
Dated June 27, 2016.  Limba Jungaliz Sciences  Signature of a member of authorized representative of a member	
Linnha Gonzalez Suarez  Typed or printed name of signee	

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Filing Fee: \$25.00