L16 0000 34975

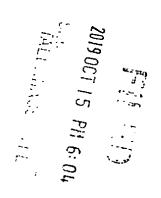
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sc Division of Cor		:	
SUBJI	Antino Bui	lders LLC		
audai	rci:	Name of Limi	ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Luis Quintero		
		Antino Builders	Name of Person	
		6000 NW 64 Ave #206	Firm Company	
		Tamarac, Ft. 33319-2247	Address	
		lqstand@hotmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fu	rther information o	oncerning this matter, please co	all:	
Luis Ç	Quintero		786 715-6516 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$2	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, F1, 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

Antino Builders LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on our records</mark> Liability Company)	.)	<u> </u>	
The Articles of Organization for this Limited Liability Company	were filed on 2/18/2016	8	ınd assi	gned
Florida document number L16000034975				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbrevia	tion "L.l	<u>,.c."</u>
Enter new principal offices address, if applicable:	6000 NW 64 Ave #206	=-1	2019	
Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33319	<u> </u>	007	_= (#) # ()
		<u> </u>		
		••		
Enter new mailing address, if applicable:	6000 NW 64 Ave #206		6	
Mailing address MAY BE A POST OFFICE BOX)	Tamarac, FL 33319	· · · · · · · · · · · · · · · · · · ·	0-	
3. If amending the registered agent and/or registered o	FC			
• • • • • • • • • • • • • • • • • • • •		cinci inc	name (n the n
registered agent and/or the new registered office address ner	<u>.</u> .			
Name of New Registered Agent:	<u>. </u>			
	Enter Florida street address			

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New 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

' If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
,			
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

	Please ammend authorized person title from Owner to MGR
#2.66	ration along the all contains the defection of the contains of
	ctive date, if other than the date of filing:
	2 If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will not be listed as timent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
') ''	ne 90th day after the record is filed.
	d bet 11, 2019
Date	· ·
Date	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00