Luculus 779

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S. P. D. F. F. F. C. L. C.

COVER LETTER

SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	ARLEN RODRIGUEZ		
		Name of Person	
	EBYAR PROFESSIONA	L OFFICE SERVICES	
		Firm/Company	
	2989 WEST STATE RD	434 SUITE 400	
	-,3	Address	
	LONGWOOD, FL 32779		
		City/State and Zip Code	
	SITEAYUDAMOS@YAH E-mail address: (OO.COM to be used for future annual report noti	tication)
For further information c	concerning this matter, please c		,
ARLEN RODRIGUEZ		407 6920101	
Name o	of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited L Florida document number 1.16000062779	iability Company	were filed on FLORIDA	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2950 BERMUDA AVE SOUTH	
(Principal office address MUST BE A STREE		APOPKA, FL 32703	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2950 BERMUDA AVE SOUTH	
		APOPKA, FL 327033	Te Py III
		.	- 5 - 5 - 5
B. If amending the registered agent and registered agent and/or the new registered of	*		enter the name of the ne
Name of New Registered Agent:	GUSTAVO D	BARRERA	
New Registered Office Address:	2950 BERMUI	DA AVE SOUTH	
New Negliteled Office Fixed Co.		Enter Florida street address	
	АРОРКА	Flor	
		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>	<u>Name</u>	Address	Type of Action
AMBR	DAMIAN M SANTANA	3621 N Apopka Vineland Rd	
		Orlando, Fl 32818	■ Remove
			Change
			D Add
			□ Remove
			Change
		·	□ Add
			☐ Remove
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If an ef Note: docum he re The	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	ed as the
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If an ef Note: docum he re The	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest applicable and after the record is filed. Tune: Signature of a member or authorized representative of a member.	ed as the
If an ef <u>Note:</u> docum he re The	Technical Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	ed as the

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