

L16000127179

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2095 Holdings, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. S. PEREZ  
Name of Person

Legal Dept  
Firm/Company

7422 St. Rd. 52  
Address

Hudson, FL 34667  
City/State and Zip Code

OSBAMEMBER0117@AOL.Com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

R. A. Contorno at ( 727 ) 277-9697  
Name of Person Area Code Daytime 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 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

2095 HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/05/2016 and assigned  
Florida document number L16000127179

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7422 St. Rd. 52  
Hudson, FL 34667

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7422 St. Rd. 52  
Hudson, FL 34667

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

R. S. PEREZ

New Registered Office Address:

7422 St. Rd. 52

(Enter Florida street address)

Address change only

Hudson

City

Florida

34667

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)

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	R. S. Perez	701 BLUFFVIEW DR	<input type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pamela Reus Perez	701 Bluffview DR	<input type="checkbox"/> Add
		BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA GULDE	7422 ST. RD. 52	<input checked="" type="checkbox"/> Add
		Hudson, FL <del>34667</del>	<input type="checkbox"/> Remove
		34667	<input type="checkbox"/> Change
AMBR	R. A. Contorno	7422 St. Rd. 52	<input checked="" type="checkbox"/> Add
		Hudson, FL 34667	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207(3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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.

Dated

08/10/18

Signature of a member or authorized representative of a member

R. D. Contorno, AMAL

Typed or printed name of signee