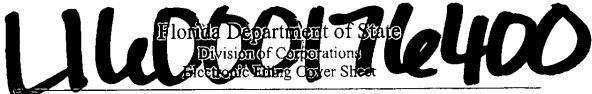
TO:18506176383 FROM: 5612934213 05/6/2019 12:54 PM Page: 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone

: (407)898-1757

Fax Number

: (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ABK CORP. COM Email Address: [NFO @

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINIBAR CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Page: 3 05/6/201

12:54 PM TO:18506176383 FROM:5612934213

COVER LETTER

ection porations		
Name of Lim	ited Liability Company	·
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
ЛІІА TEDESCO		
	Name of Person	
ACCOUNT BOOKKEEP	ING CORY	
	First/Company	
5301 CONROY ROAD SI	JII E 140	
	Address	
ORLANDO, FL 32811		
INFO@ABKCORP.COM	City/State and Zip Code	
	to be used for future annual report notifi	ication)
oncerning this matter, please c	all:	
	407 \$98-1757	
f Person	Area Code Daytime	Telephone Number
ne following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	1
	2661 Executive Cen	
	Amendment and fee(s) are sub- indence concerning this matter TULIA TEDESCO ACCOUNT BOOKKEEP 5301 CONROY ROAD SI ORLANDO, FL 32811 INFO@ABKCORP.COM E-mail address: (concerning this matter, please concerning this matter.	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: IULIA TEDESCO Name of Person ACCOUNT BOOKKEEPING CORP Firm:/Company 5301 CONROY ROAD SUITE 140 Address ORLANDO, FL 32311 City/State and Zip Code INFO@ABKCORP.COM E-mail address: (to be used for future annual report notification and the following amount: \$\int \frac{407}{\text{Area Code}} \frac{\text{398-1757}}{\text{Daytime}}\$ Terson Terso

Page: 05/6/2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF AMENDMENT	T. 1 T. 1 9: 33
TO	T :
ARTICLES OF ORGANIZATION	
OF Control of the Con	王〇
MINIBAR CARE LLC	υ U
(Name of the Limited Liability Company as it new appears on our records.) (A Fiorida Limited Liability Company)	ω
The Articles of Organization for this Limited Liability Company were filed on 09/21/2016 and assigned	
Florida document number L15000176400	•
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 "L.L.C."	·
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	<u>rw</u>
Name of New Registered Agent: JOSE DALTON ROSSINI FURTADO	

New Registered Agent's Signature, If changing Registered Agent:

New Registered Office Address:

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.

ORLANDO

1202 W. CENTRAL BLVD SUITE I

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Fiorida <u>3280</u>5

Page 1 of 3

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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	Address	Type of Action	
AMBR	JOSE DALTON ROSSINI FURTADO	8419 ISLAND PALM CIR		
<u></u>		ORLANDO, FL 32835		
		O(())/(()(), 17.52035	Remove	
		•		
			☐ Change	
AMBR	CHRISTIAN ROSSINI FURTADO	8419 ISLAND PALM CIR	E +23	
		ORLANDO, FL 32835	Add	•
			□ Remove	
			Change	
AMBR	JOSE DALTON ROSSINI FURTADO	8419 ISLAND PALM CIR	= Add	
		ORLANDO, FL 32835		
			□ Remove	
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	D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary)				
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	Note:	ive date, if other that fective date is listed, the date If the date inserted in the nent's effective date on	his block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 set the applicable statutory filing requirements, this date will not be liste's records.	05.0267 (3)(b) sted as the	
					2019 lier of:9	
	(b) The	cord specifies a del 90th day after the	record is filed.	ate, but not an effective time, at 12:01 a.m. on the ear r	HAY	77
	Dated	MAY 03	1	2019	-6 AH	77
		,	Signature of a ru	ember or audinized representative of a member	9: 33	الا
		JOSE DALTON I	ROSSINI FURTADO)	$\bar{\eta}$. ω	
				Apad or printed name of signer		

Page 3 of 3