## L16000196875

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## COVER LETTER

TO:

TO:	Registration Se Division of Cor			•		
(3.1.1.3.1.1.)		RMUDEZ LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	etum all correspo	ondence concerning this matter	to the following:			
		LORENA RIOS				
		TAX ZONE INC	Name of Person			
		8865 COMMODITY CIRC	Firm/Company TLE STE 4			
		ORLANDO, FL 32819	Address			
		LORENA@TAXZONEFL.	City/State and Zip Code COM			
		E-mail address: (	to be used for future annual rep	ort notification)		
For furth	er information c	concerning this matter, please ca	all;			
LOREN	A RIOS		407 888-3	131		
	Name o	of Person	Area Code	Daytime Telephone Number		
Enclosed	Lis a check for the	he following amount:				
<b>≡</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration	Corporations		

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JUAN BERMUDEZ LLC

company has been notified in writing of this change.

2019 FEB -4 PM 12: 04

(Name of the Limited Liability Co (A Florida Lim	impany as it now appears on our records.) mited Liability Company) SEC:
	TALLAHA - SEE PATE
The Articles of Organization for this Limited Liability Comp	mited Liability Company)  TALLAHATSEE, FL and assigned
Florida document number L16000196875	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
THE BERMUDEZ GROUP LLC	
The new name must be distinguishable and contain the words "Limited I	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	(S)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
maning maness mill be a 1 out of the body	
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
	- <del></del>
*	Lagree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and
	t as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
		<del>.</del>	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			□ Change

	•
•	
	10/25/2016
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	JANUARY 31
	Signature of a member or authorized representative of a member
	JUAN M BERMUDEZ
	Typed or printed name of signee

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Filing Fee: \$25.00