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COVER LETTER

Registration Section TO: **Division of Corporations** * ARTNERS LLC SUBJECT: mited Liability Company

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

Please return all correspondence concerning this matter to the following:

John A. KovArik Name of Person John A. KovArik, ESQ, P.A. · O. Box 37/2 EQUESTA, FL 33469 City/State and Zip Code I-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code Dayting Telephone Number JOM Name of Person

Enclosed is a check for the following amount:

🔀 \$25.00 Eiling 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 Talfahassee, FL 32314



STREET/COURSER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Conter Circle Tallahassee, FL 2001

ARTICLES OF	TO `ORGANIZA´	ΓION	
	OF		
(Name of the Limited Liability Con (A Florida Limited			LC
The Articles of Organization for this Limited Liability Compa Florida document number <u>LIGODCODT</u>	ny were tiled on $\underline{1}$	2/12/20	$\frac{1}{2}$ and assigned
This amendment is submitted to amend the following:	<u>.</u> .		-
A. If amending name, <u>enter the new name of the limited li</u>	ability company h	ery:	
The new name must be distinguishable and contain the words "Limited Li	abilit- Company." the c	designation "LLC" or the a	bbreviation "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)			
			- ii
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter</u>	the name of the new
			•
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi 7	rida street address	
	·	Florida	
	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 Cl apter 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 = -M $AMBR = A$	anager uthorized Member		-
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ELIEZER HERNANDE	22	🗌 Add
	· ·		Remove
	· •	······································	Change
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		13/2019	

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

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.

document's effective date on the Department of State's records.

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Ε.

Dated_ en Signature of amember or authorized representative of a member OVARIK Typed or printed name of signee

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Filing Fee: \$25.00