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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 610bal + Usbine Av	Justian & Leasing LL
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
Hector A	1. Schnelder
	e of Person
M612	
Fim	n/Company
8113 NM 3	i3 st
	Address
DORAL,	FC 33122
City/Stat	and Kip Code
Eagle (a) eagles 1?	port - US or future annual report notification)
For further information concerning this matter, please call:	
Heckor A. Schneider and	786 2353210
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	00 Filing Fee & ☐ \$60.00 Filing Fee, tified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF The state of th
(Name of the Limited Liability Company as it now appears on our record).) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on O1/23/17 and assigned Florida document number
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)
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 new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:

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.

City

Emer Florida street address

_____, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
HBB	Alberto Padilla	\	
			Remove
			⊟ Change
			🗀 Add
			□ Remove
			□ Change
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			□ Change

	
fective	date, if other than the date of filing:(optional)
	we 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 605,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
racar	d specifies a delayed offective date but not an effective time at 12.01 and a life of the
The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Ith day after the record is filed.
م	ral Dalla A
ted	09/30/19/1
	Signature of a member or authorized representative of a member
	Hector A- Schneider
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00