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COVER LETTER

то:	Registration So Division of Co		**		
• CUDIC		FERNANDEZ, LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		RAUL F. FERNANDEZ			
		RAUL F. FERNANDEZ,	Name of Person LLC		
	Firm/Company 1731 Snapper Street				
		Saint Cloud, Florida 347	Address 771		
		rfernandez01@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please c	all:		
Raul F	ernandez		407 668-2448		
	Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclose	d is a check for th	ne following amount:			
p \$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

	T	RGANIZATION	
RAUL F. FERNANDEZ, LLC			14.
(Name of the Limi	(A Florida Limited L	ty as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Company	were filed on 01/31/2017	and assigned
This amendment is submitted to amend the foll	owing:		
	ū	lity aomnany bana.	
A. If amending name, enter the new name o	i the iimited iiabi	my company nere:	
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	ahle:	1731 Snapper Street, S	aint Cloud Florida 34771
Principal office address MUST BE A STREE			11
Enter new mailing address, if applicable:		1731 Snapper Street, S	aint Cloud Florida 34771
Mailing address MAY BE A POST OFFICE	BOX)		
			4.11
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1731 Snapper	Street	
·		Enter Florida street a	
	Saint Cloud		_, Florida <u>34771</u>
		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 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

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
AMBR	Raul Fernandez	1731 Snapper Street, Saint Cloud Florida 34771	
			□ Remove
	Maria Fernandez	1731 Snapper Street, Saint	☐ Change
AMBR		Cloud Florida 34771	□ Add
			☐ Remove
			■ Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			□ Change
	 		Add
			□ Remove
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			☐ Remove
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ctive date, if other than the	date of filing:		(0	ptional)	
effective date is listed, the date mu e: If the date inserted in this b	st be specific and cannot b	e prior to date of filing o applicable statutory fi	r more than 90 days.	after filing.) Pursuant	to 605.0 oc listed
iment's effective date on the f	epartment of State's rec	cords.			
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record specifies a delaye ne 90th day after the rec	d effective date, but ord is filed.	ut not an effectiv	e time, at 12:()1 a.m. on the	earlier
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