L17000026964

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TQ 10/30/20

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp						
CHD IE	ML Island L	TC,	•				
Name of Limited Liability Company							
The encl	osed Articles of A	amendment and fee(s) are sub	nitted for filing.				
Please ro	eturn all correspon	idence concerning this matter (to the following:				
		Yker E Serrano Puebla					
			Name of Person				
		ML Island LLC					
			Firm/Company				
		401 Golden Isles Dr. Apt 1	104				
			Address				
		Hallandale, FL 33009					
City/State and Zip Code							
		ykersp@gmail.com	o be used for future annual report notific	ntion)			
For furth	ner information co	ncerning this matter, please ca	·	auony			
	Serrano Puebla		407 2094902 at ()				
	Name of	Person		elephone Number			
Enclosed	l is a check for the	e following amount:					
□ \$ 25.	00 Filing Fee	S30.00 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		Street Address:				
Registration Section Division of Corporations			Registration Secti Division of Corpo				
P.O. Box 6327		The Centre of Tallahassee					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Li (A Fi	ability Compa orida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number L17000026964	ty Company	were filed on 02/02/2017	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		401 Golden Isles Dr. Apt 1104	
(Principal office address MUST BE A STREET ADDRESS)		Hallandale, FL 33009	
Enter new mailing address, if applicable:		401 Golden Isles Dr. Apt	1104
(Mailing address MAY BE A POST OFFICE BOX	Hallandale, FL 33009		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	<u>re</u> :		nter the name of the new regist
Name of New Registered Agent:	Yker E Serrano Puebla		
New Registered Office Address: 40	01 Golden Isle	es Dr. Apt 1104 Enter Florida street ac	ldress
н	allandale		, Florida <u>33009</u>
			, I IVI IU8

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

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EIFED

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
AR	Jonathan L Pazos	800 Parkview Dr. #629	
		hallandale, Florida 33009	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
		 	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add 220 SET
			Remove 24 A Sochange A III: 30
			□Remove
			☐ Change
			
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
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	SEP 2	1
	24 #	
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	30	
		
E. Effective date, if other than the date of filing: (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.		o)
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 record is filed.	the	
Dated		
Signature of a member or authorized representative of a member		
YKER E Scrrano Puebla		

Filing Fee: \$25.00

Typed or printed name of signee