L17000077226

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

8 & 9 Enterpris	se, LLC		
Please Debit FO	CA000000003 For:	25	
Thank you Seth	Neeley		
1-1-			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
1			Fictitious Search
Simon	<u> </u>		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SE			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	Will Pick U	p	Courier

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	8 & 9 Enterp	orise, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Ingry Palenzuela		
		·····	Name of Person	
		8 & 9 Enterprise, LLC		
			Firm/Company	
		5355 SW 146th Ave		
			Address	
		Miami, FL 33175		
		·	City/State and Zip Code	
		ingry_p@yahoo.com		· · · · · · · · · · · · · · · · · · ·
lion fuethur is	aformation co	ncerning this matter, please of	to be used for future annual report not	meanon)
		neering this matter, prease et	786 606-2686	
Ingry Palenz	Name of	Person	at ()	ne Telephone Number
			, 3322	
Enclosed is a	check for the	c following amount:		
□ \$25.00 F	iling 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 OF

8 & 9 Enterprise, LLC			
(Name of the Limit	ed Liability Comp. (A Florida Limited	inv as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited L		were filed on 04/05/2017	and assigned
Florida document number 1.17000077226	*		
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREE	TADDRESS)		20
	_		
Inter new mailing address, if applicable:		N/A	•
Mailing address MAY BE A POST OFFICE	ROM		•
Braining duaress MAT BE A FOST OFFICE BOA			<u>.</u>
			
3. If amending the registered agent and/ egistered agent and/or the new registered of			enter the name of the ne
Name of New Registered Agent:	Ingry Palenzue	la	
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flor	rida
		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, thereby 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>	<u>Address</u>	Type of Action
MGR	Alain Leon	5355 SW 146th Ave.	Add
		Miami, FL 33175	Remove
			□ Change
MGR	Caridad Santamaria	8231 NW 8th St #311	Add
		Miami, FL 33126	□ Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

N/A		<u></u>				
				<u> </u>		
					•	
						
						
						
					.	
						
ective da	ite, if other than	the date of filing:		Tr	(optional)	
<u>le:</u> If the	date inserted in th	is block does not meet t	he applicable statut	ning or more than 90 tory filing requiren	ients, this date will not	be listed as
ument`s	effective date on th	ne Department of State's	s records.			
		yed effective date, record is filed.	but not an effe	ective time, at	12:01 a.m. on the	earlier o
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		M	my puero	rc_		

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Typed or printed name of signee

Filing Fee: \$25.00