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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 Phone

: (407)344-1012

Fax Number

: (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EL PRIMERO LLC

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APR 1 4 2021

M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as It now appears on our record (A Florida Limited Liability Company)	ds.)
•	_
The Articles of Organization for this Limited Liability Company were filed on 05/17/2017	and assigned
Florida document number L17000109700	
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 "LL	C" or the abbreviation "L.L.C."
	202
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	JE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ယ ႏ
B. If amending the registered agent and/or registered office address on our records, ente agent and/or the new registered office address here:	r the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addr	ests
. I	Florida
City	Zip Code

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 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	Borrego, Ansberto	1016 E Osceola Pkwy	
		Kissimmee, FL 34744	≅Remove
			Change
MGR	Вопедо, Daniel	1016 E Osceola Pkwy	□Add
		Kissimmee, FL 34744	Remove
			Change
MGR	MANBER, INC	13661 BEHRING AVE	⊟Add
		ORLANDO, FL 32827	□Remove
			□ Change
MGR	DANBORR, INC	13387 GLACIER NATIONAL DR	\ Add
		ORLANDO, FL 32837	Remove
		·	□ Change
			□Add;;; = = = = = = = = = = = = = = = = =
			□Remove □
			☐Change
			□Remove

D. If amending any other inform	atlon, enter change(s) here: (Attach additional sheets, if ne	cessury.j
		
		
		2021
_		
E. Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	the date of filing: (opening the specific and cannot be prior to date of filing or more than 90 days as block does not meet the applicable statutory filing requirements, Department of State's records.	ptional) fter filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
If the record specifies a delayed effect record is filed	tive date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated April 13th	2021	
Ansber	Signature of a member or authorized representative of a member	
	President, MANBER, INC.	
	Typed or printed name of signer	

Filing Fee: \$25.00