# L17000 117009

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duningan Fatity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300341178763

03/11/20--01009--020 \*\*25.00

2020 HAN THE PM 2: Q



MARKIN 2020 I ALBRITTON

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
	AMAZING HOME IN ORLANDO LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	f Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		YVES MAIA				
			Name of Person	·		
		TAX LINKS CONSULTA				
			Firm/Company		<del></del>	
		7751 KINGSPÓINTE PKV	VY STE 126			
			Address			
		ORLANDO, FL 32819				
			City/State and Zip Code	<u> </u>		
••		YMAIA@TAXLINKSCON				
		E-mail address: ()	to be used for future annua	l report notificatio	n)	
For further in	nformation c	oncerning this matter, please co	all: :			
YVES MAL	A	407 270-4846 at ( )				
	Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 H	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street A Registr	Address: ration Section		
Registration Section Division of Corporations			Division of Comporations			
	D. Box 632			entre of Tallai		
Tal	Hahassee, I	FL 32314	2415 N	8. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

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

### AMAZING HOME IN ORLANDO LLC

ART		ORGANIZATIO	自水	
	O	)F	ur records.)  17 and assigned	
AMAZING HOME IN ORLANDO	LLC			
		ny as it now appears on o Liability Company)	ur records.)	
	(A Florida Limited	Liability Company)	9	
The Articles of Organization for this Limited Li	iability Company	were filed on $\frac{05/26/20}{}$	and assigned	
Florida document number L17000117009	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liah	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	7345 W SAND LAKE	E RD	
(Principal office address MUST BE A STREE	T ADDRESS)	STE 213		
2 Tricipal office wanted 12001 D2 TD2 TD2 TD2 TD2		ORLANDO, FL 32819		
Enter new mailing address, if applicable:		7345 W SAND LAKE	E RD	
(Mailing address MAY BE A POST OFFICE BOX)		STE 213		
		ORLANDO, FL 3281	9	
		-		
B. If amending the registered agent and/or r	•	address on our record	s, enter the name of the new registered	
agent and/or the new registered office addres	ss here:			
Name of New Registered Agent:				
New Registered Office Address:	7345 W SAND	LAKE RD, STE 213		
		Enter Florida str	vet address	
	ORLANDO		Florida <sup>32819</sup>	
		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>	<u>Address</u>	Type of Action
AMBR	NUBIA GOMEZ	974 FLOWER FIELDS LN	□Add
		ORLANDO, FL 32824	■Remove
			□Change
			□Add
			Remove
		<del></del>	□Change
<u></u>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			☐ Change
			□Add
		<del>_</del>	□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
	ji
<del></del>	
(If an effective date is l	other than the date of filing:(optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	we date on the Department of State's records.
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 3F	RD 2020
<u> </u>	
<u>· · · · · · · · · · · · · · · · · · · </u>	Signature of a member or authorized representative of a member
GUSTA	WI MEJIAS
	Typed or printed name of signee

Filing Fee: \$25.00