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Certified Copies	Certificates	of Status
		
Special Instructions to I	Filing Officer:	





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APR 0 8 2021

S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	of Lim	ng ExPaes ited Liability Company	s LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Pedro	Name of Person		
	- X + P -	Firm/Company	xhous ilc	
	865 GA	ton Foster	R).	
	02/20	Fl 32	Y0]	
	/ And Ptaul E-mail address: (<u>.~</u>
For further information co	oncerning this matter, please ca	all;		
Pelas Name of	CAN+ Person	at (786)	399-8589	(umber
Tuille of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Enclosed 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 en	Cer sclosed) Cer	:00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed:
Mailing Address Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations	Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Su assee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	<u>ompany as it now appe:</u> iited Liability Company)	ars on our records.)	787))	
		1 1	+	assigned '	
The Articles of Organization for this Limited Liability Comp	pany were filed on _	0/13/2011	an g	assigned,	
Florida document number 1,700017663					
This amendment is submitted to amend the following:			•		
A. If amending name, enter the new name of the limited	liability company b	<u>iere</u> :		သိ	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or t	he abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	 -			
			1		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	·				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter the</u>	name of the	new register	<u>red</u>
Name of New Registered Agent:			_ 		
New Registered Office Address:					
	Enter Flo	orida street address			
		, Florid	a l		
	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered Ag	gent:				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of t as provided for in	f my duties, and I Chapter 605, F.S.	am familiar Or, if this d	with and ocument is	he
īr	Changing Registered A	gent. Signature of New	w Registered A	 gent	

	g Authorized Person(s) authorized to π from our records:	nanage, enter the title, name, and address of eac	h person being added
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YAMOSKY Rodievez	SOS GASTON FOSTON RD.	
		Onlando, Fl 32807	Remove
			☐Change
			Remove
			Change
			🗖 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Add
			Remove
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			□Remove
			□Change

Iffective date, if other than the date of filing: 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 695.0207 tone: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 the dis filed. Augustuse of a member or authorized representative of a member Pedro CANA Typed or printed name of signee	f amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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