

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		<u>, 1</u>





10/09/17--01009--013 **60.00





COVER LETTER

TO: Registration Section Division of Corporation	ıs			
SUBJECT: FUEGO	Name of Limi	LACKING LLC ited Liability Company		
The enclosed Articles of Amenda	ient and fee(s) are sub	mitted for filing.		
Please return all correspondence of	oncerning this matter	to the following:		
	Philip	CCCPSCID Name of Person		
<u>-</u>		Firm/Company		
	931 31	Street-	 	
	West Pali	City/State and Zip Code	33467	
<u>į</u> .	LACCO TYLAC E-mail address: (1	City/State and Zip Code City/State and Zip Code Obe used for Juture annual report notif		
For further information concerning	J	•	÷	
Name of Person		at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the follow	ing amount:		Check Fing Fee.	alreadi
).00 Filing Fee & ertificate 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 AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, F1, 32.	n ations nter Circle	

717

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limits	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>LIMWIA3</u>	ability Company were filed on 91617	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of FUECO TYUCKING The new name must be distinguishable and contain the wo	· · · · ·	abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	BOX)	
		** ** <u>*</u>
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter</u> fi <u>ce address here</u> :	r the name of the new
Name of New Registered Agent:	Jennifer Justo	
New Registered Office Address:	4516 Prick Drive Enter Florida street address	
	West Palm Prach, Florida_	33417 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			O Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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Note: 1	te date, if other than the date of filing: (optional) (ative 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ne reco The S	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00th day after the record is filed.
Dated _	10 13 17 Signature of a member or authorized representative of a member
	Philip Carsor) Typed or printed name of signee

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Filing Fee: \$25.00