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(Requestor's Name)
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PICK-UP WAIT MAIL
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JUN 15 71." J. HARRIS

## **COVER LETTER**

SUBJECT: A & W Home Infrarement Lle
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Luis Jose CAmilo GARCIA
A& W Home Inflorement LLC
5449 S Semoran Blud Ste # 225
OV/Ando, Fl 32822  City/State and Zip Code  SAM @ AwHow! Truly by english, Cow  E-mart address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis Jose Chimlo Garcia, 407, - 486 8048
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

A& W Home -	Imyua	- V - C		? <del></del>			
(Name of the Limited	Liability Comp. Florida Limited	any as it no Liability Co	<del>w a<b>ppears</b> o<b>n ou</b> mpany)</del>	r records.)			
The Articles of Organization for this Limited Liab		were file	d on <u>9</u>	21 2	2017 ar	ıd assigi	ned
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited lial	oility com	pany here:				
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Compai	ry," the designati	ion "LLC" or	the abbreviati	on "L.L.( 알	C.
Enter new principal offices address, if applical	ole:	<del></del>			911.7 %	<del>=</del>	115 Q 1
(Principal office address MUST BE A STREET	ADDRESS)				An I	<u></u>	42.04.
					<u> </u>	_ <u>_</u>	1
					77	(4) A	
Enter new mailing address, if applicable:						G9	
(Muiling address MAY BE A POST OFFICE BOX)			<u></u>	<u> </u>	<del></del>	<u> </u>	<del></del>
							<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office			ress on our	records, <u>e</u>	nter the n	ume of	the new
		<u> </u>	$\cap$	• 1_	$\bigcirc$		
Name of New Registered Agent:	MUIS	<u> </u>	se CA	MID	DAC	-1H	<del></del>
New Registered Office Address:	5449	S	Bemore V		BLVZ	St	252 # 3
	0110	mgo		Florid	<sub>la_32</sub>	82	۷.

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title MGR	Name Alfio B Sorbello J	<u>Address</u> [ 2950 Summer Swi	
<b>J</b> GR	DON, A MOUTON	07/40/DO F1 32825 5449 8 Semaran Blu	□ Change
<u> 1010</u>	<u> </u>	orlando Pl 3282Z	
			□ Add □ Remove
MGn	Luis Jose CAmilo Garcia	5449 S Semoran Blud ( Orlando Fl 32822 Ste#2	
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Filing Fee: \$25.00