117000200291

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
	Office Use On	lv



500304129725

10/04/17--01018--012 **25.00



D. SCOTT 0CT 5 2017

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT:	21R25 PROI	DUCTIONS LLC	
30bsEc1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CARLOS E BURGOS G		
		Name of Person	
	LATIN AMERICAN CON	ISULTANTS LLC	
		Firm/Company	.
	2910 NW 130TH AVENU	E, SUITE 311	
		Address	
	SUNRISE, FLORIDA 333	23	
		City/State and Zip Code	
		ULTANTS@GMAIL.COM to be used for future annual report notifica	
For further information a	concerning this matter, please ca	•	uion)
CARLOS E. BURGOS	- ·	954 6554449	福
Name o	of Person	at () Area Code Daytime T	elephone Number SSE
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status (Certificate of Status (Certified Copy ((additional copy is enclosed)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2TR25 PRODU	JCTIONS LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
	were filed on and assigned
(A Florida Limited Liability Company were filed on 09/27/2017 and assigned Florida document number L17000200291 and assigned Florida document number L17000200291 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1920 Celebration Blvd. Apt 105
	Kissimmee, FL 34747
Enter new mailing address, if applicable:	1920 Celebration Blvd. Apt 105
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34747
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the ne
Name of New Registered Agent:	TASS TO
New Registered Office Address:	Enter Florida street address (57)
	, Florida o
New Registered Agent's Signature, if changing Registered Agent:	五子。(n

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		Add	
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			S O Add
			ASSET - Remove
			FLORIA G Change
			Add
			□ Remove
			□ Change

mending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	
		_
		_
		_
		_
ective date, if other than the date offective date is listed, the date must be sp	specific and cannot be prior to date of filing or more than 90 days after filing.) Furstiant to	.020
te: If the date inserted in this block dument's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not be	जिल्ला ल
	PS.	→
record specifies a delayed effe he 90th day after the record i	ective date, but not an effective time, at 12:01 a.m. on the earlied.	rffer o
ne sounday diter the record i	Tr.	U
edSEPTEMBER, 28TH		. .
	11-11.11.	0
Signs	nature of a member or authorized representative of a member	-
	RICHARD VILLALOBOS	
	Typed or printed name of signer	