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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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FILE 11 6:00

S. YOUNG

COVER LETTER

MAILING ADDRESS:

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

(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	F11_1
The Articles of Organization for this Limited I Florida document number 1.180001	, i	and assigned
This amendment is submitted to amend the fol		<i>></i> , □
A. If amending name, enter the new name of	of the limited liability company here:	
Enter new principal offices address, if application of the second of the		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our records, <u>enter</u> office address here:	the name of the ne
Name of New Registered Agent:	Michael Alfaro	
New Registered Office Address:	94 Windidae La Enter Florida street address	
	Brama City Beach, Florida_	32413 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, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eduardo Alfavo	1849 Hagar Ave Chipley, FW32428	MAdd
			□ Remove
			Change
AMBR	Vince Martin		🗆 Add
			□ Remove
		1615 Santa Anita Dr. Lynnhaven, FL 32444	Change
			🗆 Add
			□ Remove
			□ Change
			Add
			□ Remove
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(If an eff	ive date, if other than the date of filing: (optional) [cetive 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 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/20/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00