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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRODRIGUEZ JR LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN RODRIGUEZ JR- Name of Person
Firm/Company
4670 N.E. 3 D Ave.
OAKIAND PAIZK, FL. 33334 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN Rode 6 Guez at (954) 541-1658 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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 Limited Liability (A Florida	ity Company as it now appears of a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C		1 1	and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim Supply Rock Gue. Z The new name must be distinguishable and contain the words "Lin	2. LLC		reviation "L.L.C."	
Enter new principal offices address, if applicable:			<u>-</u> -	
(Principal office address MUST BE A STREET ADDI	RESS)		, io	
				:— i
Enter new mailing address, if applicable:				<u>!</u>
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of th	ie nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	ı street address	· · · · · · · · · · · · · · · · · · ·	
		, Florida		
	City	 	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

.
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		☐ Remove	
			Change
			☐ Remove
			☐ Change
		Add	
		☐ Remove	
			Change
			□ Remove
		□ Add	
		□ Remove	
		☐ Change	
			Remove
			□ Change

, 11 a1	AMONDING NAME ON LIMITED LIABILITY
	COMPANY FROM T RODRIGUEZ JR LLC
	The Third I have the
	10 JUAN KODRIGUEL SK LLC
	ani Cay dus
	Employer ThenTi Fication Number (FIW)
	82-42027(p/g
	(unkingal)
(If an <u>No</u> t	cetive date, if other than the date of filing:
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
(0)	
Dat	med MARCH 8 . 2019.
	2
	Signature of a member of authorized representative of a member
	JUAN KOCKIGUEZ

Page 3 of 3

Filing Fee: \$25.00