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(Requ e	stor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
	
Special Instructions to Filin	ng Officer.
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CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Au. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cen. Copy Photo Copy Certificate of Status Certificate of Status Certificate of Fictitious Name Corp Revord Search Fictitious Search Fictitious Cowner Search Vehicle Search Fictitious Owner Search Driving Record Requested by: Name Date Time Walk-In Will Pick Up Courier COURTIFICATION COURTER UCC 11 Retrieval UCC 11 Retrieval Courier				
LTD Partnership File	Amanda Lynn Sa	alazar, LLC		
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Photo Copy				Annual Report / Reinstatement
Certificate of Good Standing				Ceri. Copy
Certificate of Status				Photo Copy
Certificate of Fictitious Name				Certificate of Good Standing
Corp Record Search				Certificate of Status
Officer Search				Certificate of Fictitious Name
Fictitious Search				Corp Record Search
Fictitious Owner Search				Officer Search
Vehicle Search				Fictitious Search
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Requested by:	Signature			Vehicle Search
Name Date Time UCC 11 Search				Driving Record
Name Date Time UCC II Retrieval Walk-In Will Pick Up Courier	Requested by:			UCC 1 or 3 File
Walk-In Will Pick Up Courier	N	Dues	Time	UCC 11 Search
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			Jp	Courier

COVER LETTER

то:	Registration Set Division of Cor			
SUBJEC		LYNN GODINHO, LLC		
SUBJE	ψ1; <u> </u>	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		AMANDA SALAZAR		
			Name of Person	
		AMANDA LYNN GODII	NHO. LLC	
			Firm/Company	
		2201 WOODCREST DR		
			Address	
		WINTER PARK, FL 3279	92	
			City/State and Zip Code	
		AMANDALYNN501@GN		
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
		oncerning this matter, piease e		
AMANI	DA SALAZAR		321 303-5417 at ()	
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for th	he following amount:		
□ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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 Addres Registration 5		<u>Street Address:</u> Registration So	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Authentisign ID, E6989241-C5D8-4D89-BCFA-A2B3C9642BFC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMANDA LYNN GODINHO, LI		
(Name of the Limi	ted Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L	iability Company were filed on February	7, 2018 and assigned
Florida document number L18000034487	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
AMANDA LYNN SALAZAR, LLC		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	202
Principal office address MUST BE A STREE	ET ADDRESS)	==
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
		·
3. If amending the registered agent and/or negent and/or the new registered office addre	registered office address on our record ss here:	s, enter the name of the new register
Name of New Registered Agent:	AMANDA L SALAZAR	
New Registered Office Address:		
	Enter Florida str	eet 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.

TENSORIA Agent, Signature of New Registered Agent

Auth Malling Airling Airling Airling Airling Airling 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>	<u>Address</u>	Type of Action
AMBR	AMANDA L SALAZAR	2201 WOODCREST DR	□Add
	WINTER PARK, FL 32792		
		■ Change	
			Remove
			□Change
			□Add
			Remove
			□Change
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(If an ef Note:	ive date, if other than the date of filing: (optional) lective 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 ment's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Authorities of a member of authorized representative of a member Signature of a member or authorized representative of a member
	AMANDA L SALAZAR
	Typed or printed name of signee

Filing Fee: \$25.00