## 119000059076

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

ADVANO SUBJECT:	CED OPENING SOLUTIONS U	JSA LLC	
30hJEC1;	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter Alex W. Lopez	omitted for filing.  to the following:	ase update supory Agress. & Astal Lovess
		Name of Person	cr. &
	Advanced Opening Solution	ons USA LŁC	Mares
		Firm/Company	A Jal 18vess
	3423 Feathergrass Ct		Posac
	· · · · · · · · · · · · · · · · · · ·	Address	
	Harmony FL 34773		
		City/State and Zip Code	
	alopez@advancedopenings	olutions.com	
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Alex W. Lopez		787 4218009 at ()	
Name of Person		Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fec	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

ADVANCED OPENING SOLUTIONS USA LLC

7.10 17 7710:59

(A Florida	Limited Liability Company	)
The Articles of Organization for this Limited Liability C Florida document number L18000059076	ompany were filed on	03/06/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3423 Feather	grass Ct.
Principal office address MUST BE A STREET ADDR	(ESS) Harmony, FL	34773
Enter new mailing address, if applicable:	3423 Feather	grass Ct.
Mailing address MAY BE A POST OFFICE BOX)	Harmony, FL	34773
3. If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:  Alex V	l office address on our	records, enter the name of the new regist
New Registered Office Address: 3423 F	eathergrass Ct.	
	Enter F	lorida street address
Наппо	ny	, 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
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			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated January 21st 2020 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Alex W. Lopez