118000059936

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Emily Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co				
U.S TRAE	DE 2000 LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	VANESSA E. FRANCO			
		Name of Person		
		Firm/Company		
	2813 HYPOLUXO BJ			
		Address		
	LAKE WORTH, FL 3346	2		
	USTRADE2000@GMAIL.	City/State and Zip Code COM to be used for future annual report i	notification)))))
For further information of	concerning this matter, please c	·	aconcaton)	
VANESSA E, FRANCO)	786 797-5798	1	
Name (of Person		time Telephone Number	1 9: 7°
Enclosed is a check for t	he following amount:			Č:
■ \$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 Sta Certified Copy tadditional copy is cr	itus &
<u>Mailing Addre</u> Registration		Street Address Registration		
Division of C P.O. Box 632		Division of C The Centre o	Corporations f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) ited Liability Company)	
pany were filed on 1/25/2020	and assigned
liability company here:	
Lishibia Carana Waka Laina in 11 Coma a	a the fair will CV
chability Company, the designation "LLC." or the	te abbreviation "L.L.C.
<u> </u>	
2813 HYPOLUXO RD	
LAKE WORTH, FL 33462	13 0克雷
	3 .00
	रू हुई
fice address on our records, enter the r	name of the new registero
	7
Enter Florida street address	
F11	
	Liability Company here: Liability Company," the designation "LLC" or t

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.

City

Zip Code

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
P	VANESSA E. FRANCO	2813 HYPOLUXO RD LAKE WORTH, FL 33462	□Add
			□Remove
			= Change
AMBR	VANESSA E. FRANCO	2813 HYPOLUXO RD LAKE WORTH, FL 33462	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change

. II amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effectiv Note: If the	date, if other than the date of filing:
he record spoord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ionvery 25th 2020-
	Signature of a member of authorized representative of a member
	VANCSSA E. FRANCO Typed or printed name of signee