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(Requestor's Name)	
(Address)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
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CANIDION OF CORPORATIONS

LLC NC DC 6-22-19

COVER LETTER

TO: Registration Sec Division of Corp						
-	_	Fion in Orlando ted Liability Company	O LLC.			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please return all correspon	dence concerning this matter t	to the following:				
	Eomerado	Amaya Name of Person				
	Dryngu Re	Firm/Company	lando LLC.			
	293 Comp	etition dr Address				
	Kissimme	City/State and 7 in Code	- 8406			
City/State and Zip Code Dywallenovation FIE gmail-com E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please ca	di:				
Esmera Ha Name of	Amaya Person	at (321) 900 Area Code Daytime	-9394			
Enclosed is a check for the 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 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

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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Change
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an effect lote: If	e date, if other than the date of filing: 06-05-90 (optional) ive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	5.0207 ted as
e recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl Oth day after the record is filed.	ier o
ated	06-05, <u>2019</u> .	
	Deletato Due -	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00