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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: BOY	Name of Limite	etal Zefine ed Liability Company	ny UC
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Luis Paci	Name of Person	igo
		Firm/Company	
	2060 case	ades Blyd ap	+. 101
	Kissimme	City/State and Zip Code	1
	E-mail address: (to	be used for future annual report notifi	cation)
For further information conc	erning this matter, please cal	l:	
Name of Pe	School Conson	at (<u>181</u>) <u>283</u> Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
CS \$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

TO:

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

FILED

Boringuer	Liability Company as it now appears on our records TIGRY OF STATE Florida Limited Liability Company) TALLARITY OF STATE
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records. TARY OF STATE Florida Limited Liability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liab	oility Company were filed on 3/20/18 and assigned
Florida document number <u>L\80000720</u>	<u>58</u> .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	Joshua Pacheco Consider
New Registered Office Address:	2000 Cascades Blud apt 101 Enter Florida street address
	Kissimmer Florida 3474
	City Florida & 14 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.

f 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>	<u>Address</u>	Type of Action
AMBR	Yanira Conseles		Add
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an offe	ve date, if other than the date of filing:(optional) ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated_	9-25-4
	Signature of a member or authorized representative of a member
	Signature of a incliner of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00