# 118000106518

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

то;	Registration Sec Division of Corp			
etto ir		ETICS, LLC		
SUBJE	.C1:	Name of Limi	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		B.F. "Biff" Godfrey, Esq.		
			Name of Person	
		Godfrey Legal		
		- · · • ·	Firm/Company	
		100 Legion Place, Suite 10	00	
			Address	
		Orlando, Fl. 32801		
			City/State and Zip Code	
		biff@godfreyLegal.com		
		E-mail address: ()	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Biff G	odfey		407 701-7530 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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:

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

(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited L. Florida document number 1.18000106518	iability Company were filed on	APRIL 27TH, 2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name (	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	_ WHV
Enter new principal offices address, if appli	cable:	MAY
Principal office address MUST BE A STRE	ET ADDRESS)	T FREE
Enter new mailing address, if applicable:		RATIONS RATIONS
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	B. F. "Biff" Godfrey, Esq. d/b.	/a Godfrey Legal
New Registered Office Address:	1000 Legion Place Suite 1000	
	Enter	Florida street address
	ORLANDO	, Florida 32801
	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.

of Changing Rygistered Agent, Signature of New Registered Agent

Page 1 of 3

## 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
MGR	Felix Armando Lopez	14596 Winter Stay Dr Winter Garden, FL 34787	<b>⊟</b> Add
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Typed or printed name of signee

Filing Fee: \$25.00