118000123457

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	egistration Sec ivision of Corp		•			
SUBJECT		ORES ENTERPRISES LLO	С			
30031.01	•	Name of Lim	ited Liability Company			
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspoi	ndence concerning this matter	to the following:			
		AMARYLIS FLORES				
		RAMOS FLORES ENTE	Name of Person ERPRISES		-	
		152 LONG LEAF PINE	Firm/Company CIRCLE		- 	
		SANFORD FL 32773	Address		100 -100 -100 -100 -100 -100 -100 -100	すしていて
		XZARCIGARS@GMAIL.	City/State and Zip Code COM		PH 5: 21	į
For further	information co	E-mail address: (oncerning this matter, please or	to be used for future annual report notifi all:	ication)	1:21 1:20 1:00 1:00 1:00 1:00 1:00 1:00	
	S FLORES	•	561 3065164			
	Name of	Person		Telephone Number	r	
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

(Same of the Limited Linklifter Course	
(A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000123457	were filed on 09/21/2018 and assigned
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: 152 LONG LEAF PINE CIRCLE SANFORD FL 32773 SANFORD FL 32773 ter new mailing address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address on our records. enter the flame of the new distered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	152 LONG LEAF PINE CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	SANFORD FL 32773
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7 -4 FB
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	······································
New Registered Office Address:	
	Enter Florida street address
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DAMOS ELODES ENTERRIGES LLO

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
MGR	MATEO DOMINGO	811 UPLAND RD	
			
		WEST PALM BEACH FL 33401	
			Remove
			Change
MGR	BLADIMIR RAMOS	152 LONG LEAF PINE CIRCLE	
		CANICODD EL 22772	Add
		SANFORD FL 32773	
			Remove
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mending any other information,			ecessary.)	
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ective date, if other than the date effective date is listed, the date must be space: If the date inserted in this block drument's effective date on the Department of the properties of the properties of the poth day after the record in the properties of the poth day after the record in the properties of the poth day after the record in the properties of the properties o	oes not meet the applicable statute ment of State's records. ective date, but not an effe	ory filing requirements,	this date will not be lis	sted :
SEPTEMBER 21ST	2018			
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	iture of a member or authorized repres	sentative of a member	- IA 18	
			OCI LAHA	
AMARYLIS FLORES	Typed or printed name of s	ilgnee	ASSET T	 [7
	Page 3 of 3	•	F. PH 5:	

Filing Fee: \$25.00