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| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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TO: Registration Section Division of Corporations

LOS IRUCILING 11 SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Alvaro at (<u>407</u>) <u>761 - 0994</u> Area Code Daytime Telephone Number Name of

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 A<br>TO<br>ARTICLES OF O<br>O   | D<br>RGANIZATION   |
|---|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   |  |
| The Articles of Organization for this Limited Liability Company<br>Florida document number <u>LISODONSOLSO</u> .<br>This amendment is submitted to amend the following:<br><b>A. If amending name, <u>enter the new name of the limited liabi</u></b> |  |
| The new name must be distinguishable and contain the words "Limited Liabili<br>Enter new principal offices address, if applicable:<br>(Principal office address MUST BE A STREET ADDRESS)   | ty Company." the designation "LLC."<br><u>AIVARD</u> PADA<br><u>ILU3</u> GOLUEN POPPY LL<br><u>ORIGNUD</u> , FL. 32, 5242. |
| Enter new mailing address, if applicable:<br><u>(Mailing address MAY BE A POST OFFICE BOX)</u>  | 1603 Golden Poppy et<br>Orlando, FL 32824  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here   | fice address on our records, <u>enter, the name of the new</u><br>$\mathbb{N}/\mathbb{A}$                                  |
| Name of New Registered Agent:   | Enter Florida street address   |
| New Registered Agent's Signature, if changing Registered Agent:   | , Florida<br>Giy Zip Code<br>N/A   |

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: NA

## MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                           | Type of Action  |
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(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | ·  |
|-------|--|
|       |  |
|       |  |
|       | Signature of a member or authorized representative of a member |
|       | Alvaro Pabon   |
|       | Typed or printed name of signee                                |

Page 3 of 3

Filing Fee: \$25.00