L180001508ZI

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(13333)	
(City/State/Zip/Phone #)	
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SUDJEC	J1	_(90)	Name	of Limite	nstruction LL ed Liability Company	• •	
							·
The encl	osed Articles of	f Amendr	nent and fee(s)	are subm	nitted for filing.		
Please re	eturn all corresp	ondence	concerning this	matter to	the following:		
			-5 van	Heno	ac - Aristizas Name of Person	<u> </u>	
					Name of Person		
			and	Roctin	Firm Company	an LLC	
					Firm/Company		
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						заі терогі поппісац	ion)
For furth	ner information	concernii	ig this matter, p	olease cal	1:		
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ایمار کش	n Henao - 1 Name	<u>4-2124</u> of Person	<u>54 (</u>		at (<u>407</u>) ₋ Area Code	912 - 81- Davtime Te	Jenhone Number
	, , , , ,						
Enclosed	l is a check for	the follov	ring amount:				
Z \$25	.00 Filing Fee	□ \$3	0.00 Filing Fe	: &	□ \$55.00 Filing Fe	ee &	☐ \$60.00 Filing Fee.
		(Pertificate of S	atus	Certified Copy (additional copy is	enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	>ee•			Street	Address:	
	Registration					Address. stration Section	on
	T	~	. •				

Division of Corporations
P.O. Box 6327
The Centre of Tallahassee
Tallahassee, FL 32314
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[A riorida	пинес парину Сотралу	,		
The Articles of Organization for this Limited Liability C Florida document number <u>L 180001508</u>). (ompany were filed on _	06/19/30	018 and ass	igned
Florida document number	 ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company	here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company." the	e designation "LLC" or the	e abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	***			
(Principal office address MUST BE A STREET ADDR	PESS)			
			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · ·		
			2021	
B. If amending the registered agent and/or registered	l office address on our	records, enter the n		v registered
agent and/or the new registered office address here:			10-11	
Name of New Registered Agent:			14 E	
New Registered Office Address:				
Non Regiotetta Office Padress.	Enter F	lorida street address		
		, Florida		
	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.

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	Abel Raliguer	69 Carriage Creek Way	₽Ādd
		Ormand Beach, Florida 3	174 □Remove
			Change
			□Add
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Effect	tive date, if other than the date of filing:O1/2-713021(optional) The fective 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 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	01/27/2021
Daicu	

Typed or printed name of signee