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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: AHONTIKOS TITLE GO Name of Limited Liabi	lity Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
Juan Carlos	S MONHES de Occa
montes de C	Ca Law Group Tem/Company
8. South Or	Lando Ave.
<u>Kissimmee</u> F	ate and Zip Code
Juncarlos amo	10 10W9000 - COM
For further information concerning this matter, please call:	
Juan Carlos montro de Ora a Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	5.00 Filing Fee & S60.00 Filing Fee, ertified Copy dditional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section 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 COHLOS TO	HC Compa ed Liability Compa (A Florida Limited I	ny aS it now appears on liability Company)		2 11 8: 32
The Articles of Organization for this Limited Li		were tiled on <u>Aug</u>	.3,2018	and assigned
Florida document number <u>L 1800018 (</u>	<u> 900 </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.	20 1 1 C		nation "L(" or the a	bbroviation "L.L.C."
Enter new principal offices address, if applica			nation the orange	
(Principal office address MUST BE A STREE		hissimm		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>8<i>0X)</i></u>	8 South hissimme		
B. If amending the registered agent and/or reagent and/or the new registered office addres	• *	address on our recor	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Juan	<u>Carlos mo</u>	nues de 1	<u> Oca</u>
New Registered Office Address: 8 South			s Aue	
		Enter Florida s MOCL City		34741 Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the remaining has been notified in writing of this company has been notified in writing of this company has been notified in writing of this continuation.	er and complete stered agent as p registered office change.	performance of my provided for in Chap address, I hereby co tox () Oging Registered Agent,	duties, and I am pter 605, F.S. Or, emfirm that the li	familiar with and if this document is mited liability

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	Giselle Morales	8 S. Orlando Ave	\ Z\dd
		Missimmer, FL 34741	□Remove
			□Change
MGR	Juan Carlos Montes de	Dra 8 S. Orlando Ale	∑ Add
		Kissimmee, FL 34741	□Remove
			□ Change
			□Add
			□Remove
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Page 2 of 3

	
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an effec <u>'ote:</u> H	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	<u>(6-19-</u> <u>2020</u> .
	I frie () () ()
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00