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(F	Requestor's Name)
٦)	Address)
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COVER LETTER

Registration Section

TO:

Division of Corp	porations	· ·	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations P.O. Box 6327 Certified Copy (additional copy is enclosed) The Centre of Tallahassee			
	Stephen Gu	Name of Person	
	Guerrero L	Firm/Company	LLC_
	9201 Peters	Address	1000
	Plantation,	FI 33324 City/State and Zip Code	.
	Stephanguerre E-mailladdress:	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Stepler G.	er c c u	at (954) 483 - c	e Telephone Number
, and c		·	·
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section Torporations 17	Registration Sec Division of Cor The Centre of T	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~

(Name of the Limited Liability (A Florida	Y Companylas it now appears on our Limited Liability Company)	records.) ATT ATTACK
The Articles of Organization for this Limited Liability C Florida document number <u>L15,00020741</u>		9- 20 PRO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	City	, Florida 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 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 Type of Action <u>Title</u> **Name Address** MGR Stephen Guerrero 8201 Peters RD suite 1000 Add Plantation Fl 33324 PRemove 8201 Telers RD Scite 1000 MAdd AMBR Stephen Guerraro Plantation Fl 33324 Remove _____ Change ______ □Remove _____ Change _____ Change _____ Remove

		
		
ective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	
effective date is l	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, nserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	.0207 ed as
rument's effective	ve date on the Department of State's records.	
cord 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
s tiled.		
	_ 4L	
od <u>Janea</u>	<u>u-j 20 th</u> , <u>2020</u> .	
4		
4	Signature of a member or authorized representative of a member	