

(Requ	uestor's Name)		-
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(Addı	ress)	·	-
(City/	State/Zip/Phone	#)	- U
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nam	ne)	-
(Doce	ument Number)	 	-
Certified Copies	Certificates	of Status	-
Special Instructions to Fi	ling Officer:		
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Amend

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>Bo</u>	Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Omor	Bouzas Fromez Name of Person	
	Bouzas	and Son LLC Firm/Company	
	8313	Sarnow Dirive	
	Orlando ohouzas (E-mail address: 6	Florida 32722 City/State and Zip Code 57 G gmail Com to be used for future annual report notif	ication)
For further information (concerning this matter, please ca		·
Omar I	Souzas Formez.	at (954) 210- Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

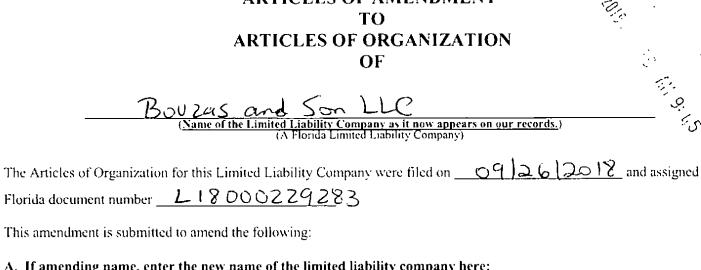
MAILING ADDRESS:

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 AMENDMENT ARTICLES OF ORGANIZATION



Florida document number <u>L 18000229</u>283 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 9313 Samow Drive (Principal office address MUST BE A STREET ADDRESS) Orlando, Florida 32822 Enter new mailing address, if applicable: 8313 Scrnow Drive (Mailing address MAY BE A POST OFFICE BOX) Orlando Florida 32822 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			☐ Remove
			Change
			□ Remove
			☐ Change
			🗆 Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing:
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 07/24/2019 . 2019 .
Signature of a member or authorized representative of a member
Omar. Bouzas Fromez

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Filing Fee: \$25.00