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(Re	questor's Name)	. <u>-</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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2018 OCT 29 PH 5: 51

5. PRATHE.

COVER LETTER

TO: Registration Se Division of Cor			
	MOSQUERA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TEDDY E MOSQUERA		
		Name of Person	
	TEDDY E MOSQUERA,	LLC	
		Firm/Company	
	874 NW 79TH TERRACE		
		Address	
	PLANTATION, FL 33324		
	TEDDY@THESOUTHFLO	City/State and Zip Code DRIDATEAM.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
VERITY MOSQUERA		954 249-3974 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25,00 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)
	ING ADDROG	CTN PTT COUNT	ph Abbbee

MAILING ADDRESS:

TO:

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 TO ARTICLES OF ORGANIZATION OF

TEDDY E MOSQUERA, LLC			2
(Name of the Limi	ted Liability Compa (A Florida Limited I.	ny as it now appears on our re liability Company)	cords.) 7 0 0 7
The Articles of Organization for this Limited L Florida document number 1.18000235319 This amendment is submitted to amend the following name, enter the new name of	owing:		4, 2018 Arran Ssigned PH 5: 51
NO CHANGES	· -		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	NO CHANGES	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered of		ords, enter the name of the new
Name of New Registered Agent:	NO CHANGES		
New Registered Office Address:	NO CHANGES		
		Enter Florida street a	ddress
			, Florida
		Сиу	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TEDDY E MOSQUERA	874 NW 79 TERRACE PLANTATION, FL 33324	A dd
			Remove
			☐ Change
			□ Add
			☐ Remove
			Add
			Remove
		.	Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

Effective date, if other than the date of filing: NO CHANGES 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 Note: If the date inserted in this bleck does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated October 22 2 2018 Signature of a member or authorized representative of a member 25 granter of a mem		_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated October 22 2018 Signature of a member or authorized representative of a member Typed or printed name of signage.		_
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Signature of a member or authorized representative of a member VERITY MOSQUERA Typed or printed name of signee	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	rlier of:
VERITY M. MOSQUERA . S.C. T. Typed or printed name of signee	and October 22 2018	
VERITY M MOSQUERA ST. Typed or printed name of signee	20 20 20 20 20 20 20 20 20 20 20 20 20 2	aerreti.
4.4	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00