3052201440



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000273936 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co Fax Number	porations : (850)617-6383	•
From:			
	Account Name	: LAZARUS CORPORATE FILING SE	RVICE, INC.
	Account Number	: 12 <del>00000000</del> 19	
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
		,	
**Enter	th <b>e email addre</b> s	s for this business entity to	be used for tutu
ann	ual report mail:	ngs. Enter only one email addr	ess please.**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C&G PAIZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	G PAIZ LLC			
(Name of the Lin	(A Florida Limited	eny as it now annears Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited			10/08/2018	omal anni anni
Florida document numberL1806023				and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited list	ility company hero	<b>:</b>	
N/A		<u> </u>	•	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abb	reviation "LTS.C."
Enter new principal offices address, if appli		N/A		1198
(Principal office address MUST BE A STREET ADDRE				101
				2 = 2
Enter new mailing address, if applicable:		N/A	<del>-</del>	
(Mailing address MAY BE A POST OFFICE	BOX)			123
				ယ
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered of office address her	flice address on o e:	ur records, <u>enter t</u>	of the new
	37/4			
New Registered Office Address:	N/A	Enter Florida	street address	
	•	Lines, I listeral	aneer manera	
		City	Florida	25 C. J.
New Registered Agent's Signature, if changing	Registered Agent:	•		Zip Code

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. Cr, 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 assending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ROSA MARIA CHAN	1308 SW 2 AVE DANIA FL 33004	
		57410172 55004	Add
			□ Remove
			Change
			———□ Add
			Remove
			2019
			Change
			Add
			□ Remoye
			ှာ — Chañak
			Churige
			Add
			C Remove
			C Change
			Remove
			☐ Change
			Remove

. . . .

	<del>_</del>			
		<b></b>		
		<del></del>		<del></del>
	<u></u>		<del></del>	·
		· <del></del> ,		
	· <u> </u>	<del></del>		<u></u>
	<del></del>			
	<u></u>			
				1190
				<del> </del>
				$\sim$
		<del> </del>		- <del></del>
ective date, if other than the date effective date is listed, the date must be a set. If the date innerted in this block oursent's effective date on the Depart	pecific and cannot be prior locs not meet the applic	able statutory filing	re than 90 days after fi requirements, this	ond) ding.) Pursuant to 605 drive will not be liste
record specifies a delayed eff he 90th day after the record	ective date, but no is filed.	et an effective ti	me, at 12:01 a.	n), on the earlie
SEPTEMBER 7	2019	<u> </u>		
0	Browniant	٦		