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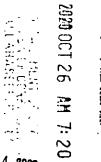
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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S. YOUNG

COVER LETTER

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TO:

	stration Se sion of Cor				
SUBJECT: _		Name of Lim	ited Liability Company	 -	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	ndence concerning this matter	to the following:		
		WILLIAM A. OBANDO			
			Name of Person		
		OBANDO BUSSINESS O	Annual of Limited Liability Company Second Training this matter to the following: LIAM A. OBANDO Name of Person NADO BUSSINESS GROUP, LLC Firm/Company D WEST 46TH STREET APT, 404 Address LEAH, FL 33012 City/State and Zip Code Deando@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: 1786 1786 2178 2178 2178 2178 2178 2178 2278 238 248 255.00 Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (radditional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
		·	Firm/Company		
		NDO BUSSINESS GROUP, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing, rrespondence concerning this matter to the following: WILLIAM A. OBANDO Name of Person OBANDO BUSSINESS GROUP, LLC Finn/Company 1280 WEST 46TH STREET APT, 404 Address HIALEAH, FL 33012 City/State and Zip Code willyobando@gmail.com E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: ANDO attion concerning this matter, please call: ANDO Same of Person To the following amount: Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclosed) didress: tion Section To Corporations Street Address: To Corporations The Centre of Tallahassee			
			Address		
		HIALEAH, FL 33012			
			City/State and Zip Code	_	
		· · · · · · · · · · · · · · · · · · ·			
For further int	ormation co			report notification)	
WILLIAM A	, OBANDO)		9-5742 ————————	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is a	check for th	e following amount:			
\$25.00 Fi	ling Fee		Certified Copy	losed) (Certificate of Status & — Certified Copy
	ing Address				
_			-		3
P.O.	Box 632	7	The Cei	ntre of Tallahasse	ee.
Tall	ahassee, F	FL 32314	2415 N	. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

절

OBANDO BUSSINESS GROUP.	LLC		000
(<u>Name of the Limi</u>	ited Liability Comp; (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.) 22
The Articles of Organization for this Limited L	iability Company	were filed on October 16, 20	and assigned
Florida document number Ll 8000243626	·		7.
This amendment is submitted to amend the fol	lowing:		0
A. If amending name, enter the new name o	of the limited liab	ility company here:	
OBANDO BUSINESS GROUP, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1280 WEST 46TH STREET	APT, 404
(Principal office address MUST BE A STREE	ET ADDRESS)	HIALEAH, FL 33012	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ent</u> o	er the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addi	ress
		_ 1	Florida
		City	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 rembved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□Add
			□Remove
			□Change
			□Remove
		 	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
			□Remove
			(i) Change

	N/A
ffec	tive date, if other than the date of filing: (optional)
	fective 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 605,02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	nent's effective date on the Department of State's records.
reco	rd 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
	ited.
.	October, 20th 2020
)atec	
	1 /2 X 1X /
	Signature of a member or authorized representative of a member