## L18000251992

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
·		·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

	egistration Se ivision of Cor			
OUD IF OT	Mujer 40 L	L		•
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Claudia Villareal		
			Name of Person	
			Firm/Company	
		8973 SPERRY ST		
			Address	
		ORLANDO FL 32827		
		-	City/State and Zip Code	
		clauvillarreal l@hotmail.co		
For further	information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	incation)
Claudia Ci	llarreal		305 799-1140	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	
	egistration S ivision of C		Registration Se Division of Co	
	O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUS 20 AMII: 39

Mujer 40 LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L18000251992	were filed on 10/26/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
140 LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	8973 SPERRY ST	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32827	
nter new mailing address, if applicable:	8973 SPERRY ST	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32827	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	eame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 removed from our records:

MGR = Manager AMBR = Authorized Member

2020 AUN 20 70111: 39

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		<del></del>	□ Remove
			□Change
<del> </del>			□Add
			□Remove
			□Change
		<del>-</del>	□Add
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			□Change
			□ Add
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			□Remove
			□Change

f amending any other information, enter change(s) here: (Attach additional sheet	
	<del>-/</del>
	<del></del>
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 lote: If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earld is filed.	lier of: (b) The 90th day after the
Pated 8/13/2020	
Signature of a member of authorized representative of a memb	er
a la dia Villaneal	

Filing Fee: \$25.00