L18000265855

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2020

JASON PRIETO PO BOX 241 WINTER HAVEN, FL 33882

SUBJECT: JASON PRIETO LLC Ref. Number: L18000265855

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINCIPAL ADDRESS MUST BE A STREET ADDRESS.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 220A00024665

COVER LETTER

то:	Registration So Division of Cor				
oup II	JASON PR				·. •
SUBJE	.C1:	Name of Lin	ited Liability Company	£ i · ·	· ,
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JASON PRIETO			
			Name of Person		
		JASON PRIETO LLC			
Firm/Company					
		407 1ST STREET S			
			Address		
		WINTER HAVEN, FLOR	IDA 33880		
	WINTER HAVEN, FLORIDA 33880 City/State and Zip Code JASONSALES365@GMAIL.COM				
		-	to be used for future annual report notifi	cation)	
For furt	her information c	oncerning this matter, please c	all:		
JASON	I PRIETO		407 341-4600 at ()		
Name of Person		f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	i <mark>ny as it now appears</mark> Liability Company)	on our records.)	
	ability Company	were filed on 11/1	3/2018	and assigned
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 407 1ST STREET S WINTER HAVEN, FLORIDA 33880 Enter new mailing address, if applicable: 407 1ST STREET S WINTER HAVEN, FLORIDA 33880 33				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:	407 IST STREE	Γ S	
		WINTER HAVE	N, FLORIDA 33880	202
				<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		407 IST STREE	r s	
		WINTER HAVE	N, FLORIDA 33880	
		address on our re	cords, <u>enter the name</u>	of the new regis
Name of New Registered Agent: JASON PRIET		0		
New Registered Office Address:	407 1ST STRE	ET S		
		Enter Flori		
	WINTER HAV		, Florida ³³⁸⁸	30
		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 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
MGR	JASON PRIETO	407 IST STREET S	□Add
		WINTER HAVEN, FLORIDA 33880	□Remove
			\
			□Add
			🗖 Remove
			□Add
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ective date, if other that effective date is listed, the defective date inserted in ment's effective date on	ate must be specific an this block does not	nd cannot be prior to meet the applica			iling.) Pursuant to 605.0	
ord specifies a delayed e filed.	ffective date, but no	t an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
d JANUARY 7		2021	() _			
			5	Stat		
	Signature of a	member of author	rized representative o	f a member		
					1	