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(R	Requestor's Name)	
(Ā	address)	
(A	Address)	
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(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(B	Business Entity Name	e)
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Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	
		

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	prporations		
_	& Lima LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The area and Aminton	C. Carron day and the Carron and	actional for Oliver	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Elsa Brunache		
	-	Name of Person	
		Firm/Company	
		rirm/Company	
	PO Box 551462		
		Address	
	Orlando, FL 32855		
		City/State and Zip Code	
	brunachelima@gmail.com		
		to be used for future annual report not	itication)
For further information of	concerning this matter, please co	all:	
Elsa Brunache		407 541-7270 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Address Registration is Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sc Division of Co The Centre of	rporations

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2697 25 PM 7:23

Brunache & Lima LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(ATTOTAL DANKED)	manney Company	
The Articles of Organization for this Limited Liability Company	were filed on 11/21/2018	and assigned
Florida document number 1.18000271062		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
B'NACHE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.	 -	
New Registered Office Address:		
	Enter Florida street address	
		a
	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
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			□Remove
			□Change
	-,		🗆 Add
			□Remove
			Change

Note:	tive date, if other than the date of filing:
record is t	ord 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 filed.
Dated	1 <u>.6/3</u> . 2020.
	Signature of a member or authorized representative of a member
	Elsa Brunache