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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

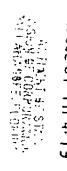
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	EGRON EN	TERPRISES, LLC		•	
SUBJECT		Name of Lin	mited Liability C	ompany	
The enclose	d Articles of a	Amendment and fee(s) are sub	bmitted for fili	បត៍.	
Please return	n all correspor	ndence concerning this matter	to the followi	ng:	
		AYLEN BAYARRE			
			Name o	f Person	
		AYLEN BAYARRE Agree of Entered Liability Company AYLEN BAYARRE Name of Person EGRON ENTERPRISES, LLC Firm/Company 881 E 30TH ST Address HJALEAH / FL / 33013 City/State and Zip Code egronenterprises@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: RRE Name of Person Total Code Area Code Daytime Telephone Number Sch for the following amount: g Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Address: ration Section Division of Corporations Street Address: Registration Section Division of Corporations			
			Addı	ess	
		HIALEAH/FL/33013			
			City/State an	d Zip Code	
For freshar is	mtamusatian			iture annual report no	incation)
FOI JURINEE I	niormation co	ncerning this matter, please ca	aii:		
AYLEN BA	YARRE			773-7885	
Name of Person			1 Code Daytir	ne Telephone Number	
Enclosed is a	a check for the	: following amount:			
■ \$25,00 F	Filing Fee		Certifie	d Copy	Certificate of Status & Certified Copy
Rep Div P.C		ection rporations		Registration So Division of Co The Centre of	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGRON ENTERPRISES, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on 04/27/2020	andassigned
Florida document number L18000274650	·	1:19
This amendment is submitted to amend the following:		第 6
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "Li	.C" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	- <u></u> -
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		er the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	PESS
		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 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>	<u>Address</u>	Type of Action
AMBR	ALEXIS MARTINEZ	881 E 30TH ST	
		HIALEAH / FL / 33013	■Remove
			□Change
AMBR	AYLEN BAYARRE	881 E 30TH ST	≣ Add
		HIALEAH / FL / 33013	□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□ Remove

□ Change

(Aylı	en Bayarre should l	e the ONLY "Memb	er-Managed" of th	ne LLC)		
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i effectiv <u>te:</u> If th	ve date is listed, the dat he date inserted in th	n the date of filing: te must be specific and c his block does not me the Department of Sta	cannot be prior to dat set the applicable s	e of filing or more than statutory filing requi	(optional) 190 days after filing.) Pur rements, this date will	suant to 605.0207 not be listed as
ecord sp is filed.	ecifies a delayed efi	fective date, but not a	n effective time, a	t 12:01 a.m. on the	earlier of: (b) The 90	h day after the
07/2	27		2020			

Typed or printed name of signee