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(Cit	y/State/Zip/Phon	e #)
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D SCOTT MAY 9 2019

COVER LETTER

Registration Section

TO:

Division of	Corporations		
	GA6694 LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	respondence concerning this matter	r to the following:	
	ANGEL D. CORDOVA		
	-	Name of Person	
	ANGEL D. CORDOVA 8	& CO.	٦,٠٠٠
		Firm/Company	
	780 N.W. 42 AVE STE	. 325	````
		Address	•
	MIAMI, FL 33126		
	 	City/State and Zip Code	rto -
	AR@ACORDOVA.COM E-mail address:	(to be used for future annual report no	tification)
For further informati	ion concerning this matter, please o	call:	
ANGEL D. CORDO	OVA	305 4445511 at ()	
Na	ime of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ee \$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)
Re Di	AILING ADDRESS: rgistration Section vision of Corporations O. Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	
Та	llahassee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GA6694 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/04/2018}{12000}$ and assigned Florida document number L18000277890 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUGO ACHACH, JOSE G	2251 SW 18 ST MIAMI, FL 33145	
			■ Remove
			Change
MGR	LUGO ACHACH, JOSE G	2251 SW 18 ST MIAMI, FL 33145	
		·	Remove
			☐ Change
			☐ Remove
			□ Change 7
			 ⊡¹Add
			☐ Remove
			☐ Change
			Add
		□ Remove	
			☐ Change
			☐ Remove
			to Change

					
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			· · · · · · · · · · · · · · · · · · ·		
					<u></u>
					
fan effective date is liste Sote: If the date inse	d, the date must be spec	ific and cannot be possible and meet the app	ior to date of filing or n licable statutory filir		al) ing.) Pursuant to 605.020 ate will not be listed as
	s a delayed effect ter the record is		not an effective	time, at 12:01 a.r	n. on the earlier o
Pated	4/26	<u> 2019</u>			
		100			
		Keller J.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00