1190000009094

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200323474012

-01/23/19--01004--01**3**

**25.00

SECKE ASSECT PERSON

J 20.10

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Limo Sorvice Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ CAClos &	S CARMON A Name of Person	
		Firm/Company	
	12809	Novehurch Ave	
	Winter	City/State and Zip Code	787
	Dicario	the be used for future annual report notifi	eation)
For further information of	oncerning this matter, please ca	all:	
Name o	S CALMONA Person	at (203) 494 Area Code Daytime	770 9 Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 190000 9094	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite C L X UC Y CAC The new name must be distinguishable and contain the words "Limited"	Service LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	中: 37 (元): (元): (元):
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered A	City Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age.	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			☐ Change
			☐ Add
			Remove
			Chaire 7
			Remove 17.1. Change 12.3 PH 4
			Enkemove
		<u></u>	Change
			Add
			Remove
		-	Change
			Add
			Remove
			Change

	121 12 12 12 12 12 12 12 12 12 12 12 12	2019 JAH 28 PM 4: 3
	いったということに	JH 23
	INCUMENTAGE FOR	JH 23
	17 C C C C C C C C C C C C C C C C C C C	JH 23
		JH 23
	INLL MANGESCE, TES	JH 23
	INCLUMINES SEE TO	JH 23
	12 C C C C C C C C C C C C C C C C C C C	JH 23
	27 C.	H 23 PH 4: 3
		PA 4: 3
	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<u> </u>
		<u> </u>
	<u> </u>	<u> </u>
	 -	<u> </u>
ve date, if other than the date of filing:	ntional)	
ve date, if other than the date of filing:	fter filing.) Pursus this date will no	ant to 605.03
ent's effective date on the Department of State's records.		1
ord specifies a delayed effective date, but not an effective time, at 12:01	1 a.m. on th	e earlier
90th day after the record is filed.		
January 181. 2019.		
and ammount		
Signature of a member or authorized representative of a member		+
Corlos E. Carmona. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00