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(Re	questor's Name)	
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	drae)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
——————(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	50 AC	
Special Instructions to	Filing Officer:	
	· -	

Office Use Only



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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE	R Squared	ILLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Raul Soto		
		<del>,</del>	Name of Person	<del></del>
			Firm/Company	
		13361 Cadenza Dr		
		Eastvale, CA 92880	Address	
		AGAIN AND THE COMMITTEE OF THE COMMITTE		@ GMAIL. COM
r 6	L '- f''		to be used for future annual report notifi	(cation)
		oncerning this matter, please c		
Raul S			909 642-0043 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for the	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)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Co	ompany were file	ed on _	<b>3</b> 1-7	and ass	igned
Florida document number		-			
This amendment is submitted to amend the following:	3				
A. If amending name, enter the new name of the limit	ted liability com	pany here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Compa	any," the designation	on "LLC" or the al	bbreviation.*L.	LiÇ."
Enter new principal offices address, if applicable:				ت	<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)			<b>Z</b>	<u> </u>
				<del>-</del>	600 F
					900 1000 1000 1000 1000 1000 1000 1000
Enter new mailing address, if applicable:		<u> </u>		- 2	
(Mailing address MAY BE A POST OFFICE BOX)					·精···································
				<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		Tress on our	ectorus, <u>enter</u>	tot name	<u> </u>
New Registered Office Address:					
		Enter Florida stree	et address		
	Ci		, Florida	Zip Code	
Now Paristand Agent's Signature if shapping Pagistand	City			лір Соае	
New Registered Agent's Signature, if changing Registered	<u></u>				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perforn ent as provided	nance of my du I for in Chapte	ties, and I am r 605, F.S. Or.	familiar wit if this docu	h and ment is
	If Changing Reg	istered Agent, <u>Si</u> g	nature of New R	egistered Ager	<u></u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rodney Walker	465 Brickell Ave Miami, FL 33131	<b>=</b> Add
		Raul Soto 13361 CADENIZA DR 72880 EASTUALE, CA 72880	
			Change
			□ Add
			Remove
			Change
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(If an effective Note: I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	6-6-19
	PF1.) OB
	~ U/may ~ C
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00