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O COLDEN JANCE TIL

COVER LETTER

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	SERGIO VELASCO		
		Name of Person	
		Firm/Company	
	11430 NW 56 DR, #113		
	CORAL SPRINGS, FL 33	Address	
	velasco@sambze.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	all:	
SERGIO VELASCO		954 257-1095	
Name o	of Person	at () Area Code Daytime	: Telephone Number
nclosed 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 Stat Certified Copy (additional copy is en-

TO:

Registration Section

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**

FILED

2019 JAN 24 PM 3: 59

<u>.</u>	TO A COUNTY OF STATE
any as it now appears on our records.) Liability Company)	TALLAHASSEE, FL
wwere filed on 01/11/19	and assigned
oility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
11430 NW 56 DR	
#113	
CORAL SPRINGS, FL 33076	
11430 NW 56 DR	
#113	
CORAL SPRINGS, FL 33076	
ffice address on our records, <u>e</u> : <u>e</u> :	nter the name of the ne
	
Enter Florida street address	
Enter Florida street address . Florid	a Zin Code
	#113 CORAL SPRINGS, FL 33076 11430 NW 56 DR #113

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 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> **Address** Type of Action □ Add ☐ Remove _□ Change 🖸 Add ☐ Remove □ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change _□ Aˈdd _□ R**ė**move ☐ Change □ Add _□ Remove ☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	I
If amending any other information, effer change(3) here.	
	
	
	
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	1
Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605.0207 (3 not be listed as th
the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on to). The 90th day after the record is filed.	he earlier of:
Dated	1
Signature of a member or authorized representative of a member	
Signature of a member of audiorized representative and a member of	
SERGIO VELASCO	
Typed or printed name of signee	i

Page 3 of 3

Filing Fee: \$25.00

