Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC

Account Number : 120180000068 Phone : (407)344-1012

Fax Number : (407)344-1371

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,\*\*

Email:	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIENDA VIRTUAL ONLINE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO

ART		ORGANIZATION OF	2019 FEB		
TIENDA VIRTUAL ONLINE LLO	c		3 25 ARA		
(Name of the Limit	ted Liability Compr (A Florida Limited	nny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 01/28/2019	and assigned	V.	
Florida document number L19000029286	·				
This amendment is submitted to amend the following	lowing.				
A. If amending name, enter the new name of	f the limited liab	illty company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9393 Jasmine Flower Li	1	_	
		Orlando, FL 32832			
Enter new mailing address, if applicable:		9393 Jasmine Plower Lr	1		
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32832			
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	ffice address on our r	ecords, enter the name of the r	<u>1844</u>	
Name of New Registered Agent:				,	
New Registered Office Address: 9393 Jasmine Fl					
		Enter Florida street			
	Orlando	City	, Florida 32832 Zip Code		
		City	Lip cost		

## 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 Changing Registered Agent, Signature of New Registered Agent

Feb. 22. 2019 7:41PM FREEDOMTAX No. 4282 P. 3/4
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

Title	Name	Address	Type of Action
MGR	Velasquez Naranjo, Martha C	9393 Jasmine Flower Ln Orlando, FL 32832	■ Add
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	Martha C Velasquez Naranjo	Typed or printed name of signee	LARAS	O grazza
Dateu		elasquey-Naranjo	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	o 0 0 0 1 ≔=====
Dated	February 22	2019		
f the re	cord specifies a delayed effec : 90th day after the record Is	tive date, but not an effective time, at 1 filed.	2:01 a.m. on the ear	ller of:
(if an ef Note:	rive date, if other than the date of fective date is listed, the date must be spe If the date inserted in this block does nent's effective date on the Department.	ific and cannot be prior to date of filing or more than 90 o s not meet the applicable statutory filing requireme	_ (optional) lays after filing.) Pursuant to 6 ents, this date will not be fi	05.0207 (3)(1 sted as the
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Filing Fee: \$25.00