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(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STAIR TALLAHASSEF FLOOR

APPROVED AND FILED

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COVER LETTER

TO: Registration So Division of Co		•		
SUBJECT:		RRERO LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kryzia L	Name of Person		APPROVED FILED FILED FILED FILED FILED FILED FILED
		Firm/Company		海
	15040 S.V	V. 49th lane Ur	nit b	10 : C
	Miam	CityState and Zip Code	5	
		T @ yahoo. com		
For further information c	concerning this matter, please or		,	
Kryzia K	Marrero of Person	at (365) 479 - Area Code Daytimo	3607 Telephone Number	-
Enclosed is a check for t	he following amount:			
S \$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 St Certified Copy (additional copy is o	atus &

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 Liabi (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>L 190000451</u>	Company were filed on <u>02 14 </u> <u>10</u> .	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	20
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation L.L.C." D
Enter new principal offices address, if applicable:		FAAR FAAR
(Principal office address MUST BE A STREET ADD	ORESS)	
		97.10
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tross.
		Florida
	City	Zip Code

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

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
<u>AMBR</u>	Kryzia Marrero	15040 S.W. 491 Jane Unit	<u>6</u> 🗆 Add
		Miami, Florida 33185	Remove
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ective date, if other than the date of filing:		
record specifies a delayed effective date, but not an effective time, at 12:01 a he 90th day after the record is filed.	a.m. on the earli	ier of:
ed		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member VVZIQ Marrer 6 Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00