L19000061750

Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
(Document Number)
Certificates of Status
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COVER LETTER

Tallahassee, FL 32314

	on or Cort	porations		
	GUILAR I	PRIVATE INVESTIGATION	S LLC	
LI: _		Name of Lim	ited Liability Company	
losed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
eturn a	ll correspor	ndence concerning this matter	to the following:	
		AGUILAR, ARMANDO F	,	
			Name of Person	·····
		AGUILAR PRIVATE INV	ESTIGATIONS LLC	
		//	Firm/Company	
		3934 SW 8th Street, Suite	202	
	Address Coral Gables, FL 33134			
			City/State and Zip Code	
		· - ·		
her info	ormation co		·	ouncarony
			at () Area Code Dayt	ime Telephone Number
d is a c	heck for th	e following amount:		
.00 Fil	ing 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)
Regi Divis	stration S sion of Co	ection orporations	Street Address: Registration S Division of C	orporations
	osed Asturn a sturn a	osed Articles of A	Name of Limitors of Amendment and fee(s) are substituted and correspondence concerning this matter. AGUILAR, ARMANDO F AGUILAR PRIVATE INV 3934 SW 8th Street, Suite : Coral Gables, FL 33134 ayaguilar@aol.com E-mail address: (intering this matter, please concerning this matter. AR, ARMANDO P Name of Person d is a check for the following amount: Concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.	Name of Limited Liability Company osed Articles of Amendment and fec(s) are submitted for filing. acturn all correspondence concerning this matter to the following: AGUILAR, ARMANDO P Name of Person AGUILAR PRIVATE INVESTIGATIONS LLC Firm/Company 3934 SW 8th Street, Suite 202 Address Coral Gables, FL 33134 City/State and Zip Code ayaguilar@aol.com E-mail address: (to be used for future annual report in the information concerning this matter, please call: AR, ARMANDO P Name of Person Area Code Days d is a check for the following amount: 0.00 Filing Fee Certificate of Status Certificed Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUILAR PRIVATE INVESTIGATIONS LLC

(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	Company were filed on 03/04/2019	
Florida document number L19000061750		32
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Parkers and the second second second		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	'
		orida
	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.

	gent, Signature	

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
MGR	Aguilar, Yolanda	3934 SW 8th Street	= Add
		Suite 202	☐Remove
		Coral Gables, FL 33134	□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
			□ Add
			□Remove
			$\Box C$ hange

mena.	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
•	
ective :	date, if other than the date of filing:
<u>te:</u> If t	date, if other than the date of filing: (optional) re 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a s effective date on the Department of State's records.
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	7/7/20
	Signature of a member or authorized representative of a member Annowoo 1. Abuilant Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Hanning P. Acrilor
	Typed or printed name of signee

Filing Fee: \$25.00