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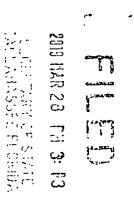
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### **COVER LETTER**

TO: Registration Division of	n Section Corporations		•	
SUBJECT:	EDWIN A GONZALE	EZ LLC		
SUBJECT:	Name of Lin	nited Liability Company		
	s of Amendment and fee(s) are sub	_		
	EDWIN A GONZALEZ			
		Name of Person	<del></del>	
	<del></del>	Firm/Company		
	4934 CASA VISTA DR			
		Address	<del></del>	
	ORLANDO FL 32837		22	
	ALEXISGONZALEZ77@	City/State and Zip Code HOTMAIL.COM	2010 15.78	م. ا ا ا
	E-mail address: (	to be used for future annual report notif	cation)	
For further information	on concerning this matter, please c	all:		سار
EDWIN GONZALE	Z	321 402-2284 at (	(C) (A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	ξ.,
Nan	ne of Person		Telephone Number	
Enclosed is a check for	or the 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)	
	H INC ADDRESS.	CMD FETTICO LIN		

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 ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000062733</u>	ny were filed on 03/04/201	9 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		[	
(Principal office address MUST BE A STREET ADDRESS)	-	7.6 7.6 c. sare	
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:		records, enter the name of the ne	
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City	Florida	
	Cuy	гір Соае	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SHANNA M. GONZALEZ	4934 CASA VISTA DR	<b></b>
		ORLANDO FL 32837	■ Add
			□ Remove
			Change
			□ Remove
			Change
		<del></del>	
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	第7章 <b>乙</b>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note:  If the date inserted in this block does not meet the applicable statutory filing requords document's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.0207 (3 uirements, this date will not be listed as th
f the record specifies a delayed effective date, but not an effective time b) The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated MARCH 22ND 2019	
Edun A Donnales Signature of a member of authorized representative of a	member
EDWIN A. GONZALEZ	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00