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(F	Requestor's Name	)
	Address)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions t	o Filing Officer:	
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## **COVER LETTER**

TO: Registration Sect Division of Corpo	non orations		
SUBJECT:	170166	LCC	
Substituti	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	nted for filing.	
Please return all correspon	dence concerning this matter to	the following:	3 /
	Lilleira	Code da Fer Name of Person	mando Cepeda
	TOP TIPE	Firm/Company	
	707W. Taft	Vineland Rd	
	Orlando I	City/State and Zip Code  Les O gmail . C  be used for future annual report notifi	
	Top fre Clair E-mail address: (to	be used for future annual report notifi	om ·
For further information co	oncoming this matter, please cal	ıl:	
Lillera Name o	Copeda f Person	at (417) 860	9675 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S20:00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)	Continuing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 1.01111.00508, F1 313(3)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AsieL LL	C
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 190000 787-00</u>	were filed on $03/3/3019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	707-V.Tuft Vineland Rd Orlando Fl, 32924
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2020 JUH 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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>	Name	Address 12231 Megrande Cir	Type of Action
MER	<u>Name</u> Lilleira Cepeda	Orlando FC 32937	ZLAdd
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amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
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Station data if	other than the date of filing:
f an effective date is I Note: If the date in	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
•	The Oak day often the
record specifies and is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 15, 2020.
	Haracado Cala
	Signature of a member or authorized representative of a member