

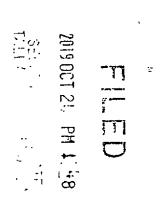
MAIL
Status

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10/24/19--01013--012 **25.00



A State

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROURIGUEZ AND Property Service Z. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica Rodriguez Name of Person
Finn/Company
2002 E Hanna Due
City/State and Zip Code City/State and Zip Code City/State and Zip Code Compared
For further information concerning this matter, please call:
Monitur Rodriguez at (\$13) 4157526 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	ere filed on $3-25-20/9$ and assigned
Florida document number <u>L 1900081735</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\$ES P. T. T. D.
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida direct address , Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Zip Cauc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
AMBR	Monica Rodriguez	JODE Hama AUC	
			Remove
			Change
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(If an ei <u>Note:</u>	tive date, if other than the date of filing: \(\frac{1}{2} - \frac{2}{3} - \frac{1}{3} \) (optional) fective 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 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or aumorized representative of a member
	11/00 ca 16 octo 10000

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Filing Fee: \$25.00