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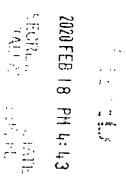
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## **COVER LETTER**

O:

O: Registration Section Division of Corporations	
UBJECT: All Abroe	e LLC
	of Limited Liability Company
he enclosed Articles of Amendment and fee(s) a	re submitted for filing.
lease return all correspondence concerning this r	natter to the following:
_ Ch	Name of Person
A1	Aborge UC Firm/Company
	O 5th Are Unit 6
Chas E-mail add	City/State and Zip Code  Of fish key westfl. com  ress: (to be used for future annual report notification)
or further information concerning this matter, ple	•
Chas Gorcia	at (3=5) 797-5247 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
nclosed is a check for the following amount:	
\$25.00 Filing Fee	
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
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Torida document number <u>L1900086583</u> .	were filed onO3/23/19 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabi	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5020 5th Ave Unit 6
Principal office address MUST BE A STREET ADDRESS)	5020 5th Ave Unit 6
	Key West Fl. 33=40
inter new mailing address, if applicable:	Chris Gorcia 5020 5th Are Unit 6 Wey West FL. 33040
Mailing address MAY BE A POST OFFICE BOX)	Ley West FL. 33040
B. If amending the registered agent and/or registered office and gent and/or the new registered office address here:  Name of New Registered Agent:	
	020 F
New Registered Office Address:	Enter Florida street address 86
	City Florida ZipCode 1
ew Registered Agent's Signature, if changing Registered Agent:	City Zip Code
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree we comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Ma	inager ithorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGR	Chris Garcia	5020 5th Ave Unit 6 Key West FL 33540	Add
		Key West FL. 33540	□Remove
			□Change
			□Add
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Tective date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605 020
ote: If the date inserted in this block does not meet the applicable statutory filing re-	quirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
rocard charifies a delayed offective date. but ant an effective time	10.01
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
nted	
Signature of a member or authorized representative of a  Cod Cod  Typed or printed name of signee	member

Page 3 of 3