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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer;	





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FILED 2020 NOV 16 PH 6: 00

2/17/20

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUASIFCA, LLC.	
(<u>Name of the Limited</u>)	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)
-	
Florida document number	·
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(Name of the Limited Liability Company avit now appears on our records.) (A Florida Limited Liability Company) anization for this Limited Liability Company were filed on anization for this Limited Liability Company were filed on L19000087622 submitted to amend the following: me. enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." al offices address, if applicable: dress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new registe ew registered office address here: Sew Registered Agent:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or reagent and/or the new registered office address	*· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 a 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	1.UIS PITA	2812 CORKMORE COURT	
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ated	Nosempel 15 . Soso	
	Signature of a member or a member of a member	

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