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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: MAYH S	La Saninas and	•	
SUBJECT: 14 COUNTS	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victor Radrigu	Name of Person	·
	3	Name of Person	
	Mayit Stone Sevi	rds	
		Firm/Company	
	2565 SW Abak	Sit	
	4702 200 HOW	Address	
	Dra Ch Lucialti	nuaca	
	Pou StilvielFL	City/State and Zip Code	
	mount store serv	to be used for future annual report noti	<u> </u>
		•	fication)
ror further information c	oncerning this matter, please ca	alt:	
Victor Radrian	es	at(77 1_)_363-	0357
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	-		
□ \$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)
Mailing Address Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 1622 SW Biltmare S Enter new principal offices address, if applicable: Port St. Wure, FL-3499 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida 31953

New Registered Agent's Signature, if changing Registered Agent:

Marit Store Services,

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 adder removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Victor Radrigues	2565 sw mare St., PSL, FL-34953	□Add
			XRemove
		 	□Change
MGR	Tania Rodrigues	2565 SW Abare St., PSLIFL-3445	3 ≱Add
			□Remove 2020 Change
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		<u>:</u>	Remove
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ective date, if other than effective date is listed, the date is listed in this ument's effective date on the	: must be specific and is block does not n	I cannot be prior to d neet the applicable	late of filing or more		ing.) Pursuan	
cord specifies a delayed effe s filed.	ective date, but not	an effective time.	, at 12:01 a.m. on t	he earlier of: (b)	The 90th d	ay after th
ed December	19	, <u>202e</u>				
	Victor	Rod	higun			
 	Signature of a	member or authorize	ed representative of	member		