L19000096878

(Requestor's Name)
(Address)
(Address)
((daless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine (Validae))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400328442644

04/29/19--01008--015 **25.00

MAY 1 0 2019 S. YOUNG HILLD 19 APR 29 PM 6: IS

COVER LETTER

Sabrinka I			
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gabriel T. Ruz Jr.		
	Sabrinka LLC	Name of Person	
	заоника г.г.с		
	7950 NW 53rd Street Suit	Firm/Company e 345	
	Doral, FL 33166	Address	
	gabe.ruz@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Gabriel T. Ruz Jr.		786 853-4699	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$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:

TO:

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000096878		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:	
he new name must be distinguishable and contain the words "Limited Liabii	lity Company " the designation "LLC" o	r the abbreviation "LLC"
•	7950 NW 53rd Street Suite 345	the above making the second
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166	<u> </u>
Enter new mailing address, if applicable:	7950 NW 53rd Street Suite 345	1. ET
Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33166	
	-	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the r

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

New Registered Office Address:

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.

7950 NW 53rd Street Suite 345

City

Doral

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
 	The state of the s	
	<u> </u>	
.		
(If an effective date is listed, the date m	he date of filing:	07 (3)(is the
the record specifies a delaye) The 90th day after the re	red effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.	of:
April 24 Dated	ASS P	
	Signature of a member or authorized representative of a member	
	Gabriel T. Ruz Jr.	
	Typed as printed name of connec	