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

TO:	Registration Se Division of Cor			
411111		0 AGENCY LLC		
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOCELYN CASTILLO		
		Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  JOCELYN CANTILLO    Name of Person		
		1580 W 46TH ST APT 24:	· · · · ·	1
		HIALEAH, FL 33012	Address	
		JOCELYN@ELEVEN10AC	City/State and Zip Code GENCY.COM	
		E-mail address: (t	to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please ca	ill:	
JOCE	ELYN CASTILLO		at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(Name of the Limited 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 April 09, 2019 and assigned Florida document number 1.19000098264
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 "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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
$S_{i,j}$
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address  Enter Florida street address
Enter Florida street address  Florida  Cuy  Zip Code
Cay Florida Ziv 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 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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> JOCELYN CASTILLO	Address 1580 W 46TH ST APT 242 HIALEAH, FL 33012	Type of Action
			B Add
			☐ Remove
	AMNADELAGNIA		Change
AMBR	ANNABEL MEJIA	20004 NW 78TH PLACE HIALEAH, FL 33015	
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Effective date, if oth	ner than the date of fil d, the date must be specific	ing:		(optional)	
<b>Note:</b> If the date inse.	d, the date must be specific rted in this block does no date on the Department o	ot meet the applicabl	date of filing or more that e statutory filing requ	n 90 days after filing.) Pu irements, this date wil	rsuant to 605.020 I not be listed a
e record specifies The 90th day af	s a delayed effective ter the record is file	e date, but not a d.	n effective time,	at 12:01 a.m. on	the earlier o
Dated		PATT	 }		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00