L19000099403

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 511 NW 3RD ST, HC Name of Limited Liability Company	PORTA OF THE STATE
The enclosed Articles of Amendment and fce(s) are submitted for filing.	<i>₩</i>
Please return all correspondence concerning this matter to the following:	
GINA Ochoa	
Name of Person	
Firm/Company	
114 BAREFOOT COVE	
HYPOLUXO, FL 33462 City/State and Zip Code	
gina och o a lo @ gmail. com E-mail address: (to be used for luture annual report noti	fication)
For further information concerning this matter, please call:	
CINA OCHOA at (561) 827- Name of Person Area Code Daytim	-1843 e Telephone Number
•	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section	ntion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

JOE BOOK W. 30 NW 3RD ST LLC

(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 04/10/2019 and assigned Florida document number <u>L19000099403</u>. 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) N/A 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: Enter Florida street address

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 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.

City

_. Florida __

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GINA OCHOA	114 BAREFOOT COVE	□Add
		HYPOLUXO, FL 33462	K Removc
			□Change
MGR	GINA C. OCHOA, Trustee of the	114 BAREFOOT COVE	[∑∕ Add
	GINAC. OCHO A REVOCAE LIVING TYUST DATED	BLE HYPOLUXO, FL 33462	□Remove
	1-29-2020		□Change
			🗆 Add
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f an effectiv Note: If tl	ve date is listed, t he date inserte	r than the date the date must be s d in this block of the on the Depart	pecific and can loes not meet	the applicable	ate of filing or mo statutory filing	re than 90 days afte	ional) er filing.) Pursuant to is date will not bo	o 605,0207 e listed as
record sp d is filed.	ecifies a delay	ed effective dat	e, but not an c	effective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th day	after the
Dated(31/29			<u>'020</u> .				
			G_{i}		Tellan	ξ		
		Sign	ature of a mem	ber or authorized	d representative (of a member		_