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(Re	equestor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<u> </u>
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Certified Copies	Certificates o	of Status
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Office Use Only



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U5/13/19--U1U36--UU/ **25.UU



R. WHITE MAY 2.2 2013

COVER LETTER

	tration Sectio on of Corpor			*	
SUBJECT: _	Casto	Name of Limi	ted Liability Company	 	
The enclosed A	articles of Am	endment and fee(s) are sub	nitted for filing.		
Please return al	i corresponde	nce concerning this matter	to the following:		
		Jose	Name of Person	1056	,
		Cas	Firm/Company	cuts (1C	
		249	F COURN Address	itry Rd	
		Me/600	City/State and Zip Code	3 2935 <u>Gmail. Con</u>	
	_	E-mail address: (t	Bar 1050 77(Q o be used for future annual re) Gmail. C04 port notification)	N
For further info	ormation conce	erning this matter, please ca			
	Name of Per	<u>Ba/1050</u> son	at (<u>321</u>) Area Code	/3/- Z508 Daytime Telephone Number	
Enclosed is a cl	heck for the fo	ollowing amount:			
2 \$25.00 Fili	ng Fee C	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica (Sed) Certified	te of Status &

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 -



2019 MAY 13 PM 5: 11
(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 $\frac{4-18-19}{4-18-19}$ and assigned Florida document number $\frac{219000106498}{498}$.
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 "LLC,"
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 new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph Barroso	2478 covenly Rd	t Add
			□ Remove
		-	Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
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			Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 policy. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated [In explanation of the date of filing: [In explanation of the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the original of the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the date of filing or more than 90 days after filing.) Pursuant to 605.020 and the date of filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) Pursuant to 605.020 and filing or more than 90 days after filing.) [In explanation of filing or more than 90 days after filing.] [In explanation of filing or more than 90 days after filing.] [In explanation of filing or more than 90 days after filing.]	-	
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Signature of a member or authorized representative of a member		$\Omega \Omega \Omega I$
Tosaga Roma		Signature of a member or authorized representative of a member
		Tosada Roma

Page 3 of 3

Filing Fee: \$25.00