119000 121 151

(Requestor's Name)		
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

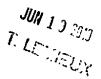
Office Use Only



800329401348

05/24/19--01011--006 **25.00

2010 MAY 24 P 1: 42



COVER LETTER

Division of Cor				
SUBJECT:	Desembo L	10		
SUBJECT.		ed Liability Company	. -	
The enclosed Articles of	Amendment and fee(s) are subm	uitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Alex_	Carcia		
		Name of Person		
		Firm/Company		
	17170	122 and Dr. N		
	Jupiter, FL	City/State and Zip Code		
	García 1990 E-mail address: (to	be used for future annual report notit	ication)	
For further information c	oncerning this matter, please cal			
Alex Go	MC.10x	at (<u>.567</u>) 339 - 8	5745 Telephone Number	
, value o	i i cison	Auto Code Dayinin	. retephone rumoet	
Enclosed is a check for the	ne 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)	
Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora Clifton Building	n	
P.O. Box 6327 Tallahassee, FL 32314			2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D 11	
Name of the Limited Liability	Company as it now appears on our records.)
(A Florida l	Company as it now appears on our records.) Limited Liability Company) -2019 MAY 24 P 1: 11.2
The Articles of Organization for this Limited Liability Co	mpany were filed on05/05/2019 and assigned
Florida document number <u>L 19000 D 175 (</u>	TALLAMAUSEE, FLORICA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R If amending the registered agent and/or regists	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alex Garcia	19170 122 nd Dr. N Jupher, FL 33478	Add
		Jupiner, FL 33478	☐ Remove
			Change
		_	Add
			Remove
			Change
		_	
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
		_	
			□ Remove
			☐ Change
			☐ Remove
			□ Change

D. If am	nending any other information, enter change(s) here	e: (Attach additional sheets, if necessary.)
•		
-		
-		
_		
=		
-		
-		
_		
-		
		·
-		
-		
•		
(If an ef <u>Note:</u>		(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b able statutory filing requirements, this date will not be listed as the
If the re (b) The	ecord specifies a delayed effective date, but no e 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of:
Dated	1 May 18th 2019	·
	Mod Silver	
		orized representative of a member
	Akex Garcia	ed name of signee
	Typed or printe	ed name of signee

Page 3 of 3

Filing Fee: \$25.00