## L19000130562

(Re	questor's Name)	
(Ade	dress)	<del></del>
(Add	dress)	
<b>C</b> 120	<b>,</b>	
(Ci)	JChat - (Zin/Dhan	
(Cir	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
(55	, , , , , , , , , , , , , , , , , , ,	
0.05.10.3	a ver	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
•		
<u> </u>		

Office Use Only



400330265314

06/03/19--01638 -885 **\*\*25**.06

2619 JUN -3 AM 12: 00

Y SULKER JUN 19 2019

## **COVER LETTER**

Division of C	Corporations		4
BORICU SUBJECT:	JA PETALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SANDRA BETANCOUR	τ	
		Name of Limited Liability Company  Interded the Submitted for filting.  Interded the	
	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  SANDRA BETANCOURT  Name of Person  SKYNET PROFIT LLC  Fim/Company  5206 US HWY 98 N  Address  LAKELAND FL 33809  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  OURT  of Person  Area Code  Daytime Telephone Number  of the following amount:  S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee. Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certificat Copy		
		Firm/Company	
	5206 US HWY 98 N	Eame of Limited Liability Company  e(s) are submitted for filing.  this matter to the following:  FANCOURT  Name of Person  FIT LLC  Finn/Company  98 N  Address  FL 33809  City/State and Zip Code  ail address: (to be used for future annual report notification)  er, please call:  863   258-0599   Area Code   Daytime Telephone Number  to  Fee & S55.00 Filing Fee & S60.00 Filing Fee.  of Status   Certified Copy (certificate of Status & Certified Copy (additional copy is enclosed)   Certified Copy (certified	
		Address	
	LAKELAND FL 33809		
		City/State and Zip Code	ip Code  e annual report notification)   258-0599  ode Daytime Telephone Number  Ing Fee & S60.00 Filing Fee. Copy Certificate of Status &
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	eall;	
SANDRA BETANCO	OURT		
Nan	e of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

BORICUA PETALS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
	pany were filed on 05/14/2019	and assigned
Florida document number L19000130562		
This amendment is submitted to amend the following:		
(Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on 05/14/2019 and assigned lorida document number L19000130562  this amendment is submitted to amend the following:  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."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter 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 egistered agent and/or the new registered office address here:  Name of New Registered Agent:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	<del></del>
		产品 艺 一项
Enter new mailing address, if applicable:		<u>ω</u> <u>ι</u>
Mailing address MAY BE A POST OFFICE BOX)		
		₹, <sub>7</sub> . ഗ
		iter the hame of the ne
registered agent and/or the new registered office address	enere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	
<del>-</del>	City	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
AMBR	GABRIEL LI MORALES	6116 LAKE LUTHER ROAD	
		LAKELAND, FL 33805	■ Remove
			☐ Change
MBR	GABRIEL LI MORALES	6116 LAKE LUTHER ROAD	B Add
		LAKELAND, FL 33805	☐ Remove
			Change
MGR	MARILYN ROSARIO	6116 LAKE LUTHER ROAD	Add
		LAKELAND, FL 33805	Remove
			Ghange 5
			And Land Land Land Land Land Land Land La
			データの Change の Change
			,a+ □ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

			·			
	_					
	_	<del></del>				
			<u> </u>		<u> </u>	
	<del>-</del>		<u>-</u>			<del>-</del>
			<u>-</u>	<u>.                                    </u>		
					<u></u>	<del></del>
		_				
	·					ယ် ်
		<del>.</del>		<del>.</del>	* 1	TE.
			,			——C).
<del></del>						<u>;                                     </u>
Effective date, if other than the fan effective date is listed, the date in	ic date of filing:	annot be prior to	date of tiling or	more than 90 days	o <b>ptional)</b> -after filing.) Pursua	nt to 605.020
<u>Note:</u> If the date inserted in this document's effective date on the	block does not me	et the applical	ole statutory fil	ing requirements	this date will no	t be listed as
	•					
ne record specifies a delay	ed effective da	ate, but not	an effective	time, at 12:0	01 a.m. on the	e earlier o
The 90th day after the re	cord is filed.					
Dated MAY 23		2019				
	011	100				

Page 3 of 3

Filing Fee: \$25.00