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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		÷,		
SUBJE	CT:	1027 LLC				
			mited Liability Company			
The enci	losed Articles of	Amendment and fee(s) are sul	bmitted for filing			
		ndence concerning this matter				
		EDGAR GUZMAN				
		ED'S FAMILY HOLDING	Name of Person G LLC			
		5418 SW 89TH PL	Firm/Company			
		MIAMI, FL. 33165	Address	<del></del>		
		DSANTIRZO@YMAIL.CO			15	1000 1000 1000
For furthe	er information co	E-mail address: (i neerning this matter, please or	to be used for future annual report notifica	ition)	0 A	일삼 교통.
	I SANTIRZO	and marier, prease ca	305 283-8420		10 P	RY OF
•	Name of	Person	at ()Area Code ——Daytime T	elephone Number	PH12: 32	SPORATIONS
Enclosed	is a check for the	following amount:				(S)
□ \$25.0d	V 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)		

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

		1027 LLC		
(Name of the Li	mited Liability (A Florida Li	Company as it now appears on mited Liability Company)	our records.)	·
The Articles of Organization for this Limited	Liability Con	npany were filed on 05/24/	2019	and assigned
Florida document number 1.19000139594				und assigned
This amendment is submitted to amend the fo				
A. If amending name, enter the new name	of the limited	d Hability company here:		
N/A				
The new name must be distinguishable and contain the	e words "Limiter	Liability Company," the design	ation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if appl		N/A		
(Principal office address MUST BE A STRE	ET ADDRES	(3)		
				150
				92
Enter new mailing address, if applicable:		N/A		里 第
(Mailing address MAY BE A POST OFFICE	E BOX)			0 27
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				D. 17
B. If amending the registered agent and registered agent and/or the new registered in th	d/or register	ed office address on our	records, <u>enter t</u>	
a agent and of the new registered t	ornce andress	s nere:		S
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida sti	eet address	
			Florida	_
		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	ED'S FAMILY HOLDING LLC	5418 SW 89TH PL	<u>- 17-0-11-011-01</u>
		MIAMI, FL. 33165	□ Add
			■ Remove
	ED'S FAMILY HOLDING LLC	5418 SW 89TH PL	☐ Change
MGR		MIAMI, FL. 33165	
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Filing Fee: \$25.00