## L19000144134

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## **COVER LETTER**

TO:		istration Sec ision of Corp			e "		
CIID H	ecr.	M30 LLC		·			
SUBJE	LCI:		Name of Lin	nited Liability Company			
The en	closed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.		•	•
Please	return	all correspon	ndence concerning this matter	to the following:			
			Richard N. Gonzalez				
				Name of Person	· · · · · · · · · · · · · · · · · · ·		
			075 Damott Dd. A-4 202	Firm/Company			
			975 Bennett Rd, Apt 203				
Address Orlando, Florida 32814					<del></del>		
			richy.gonzalez@outlook.co	City/State and Zip Code m		; <del>-</del> , -	
			E-mail address: (	to be used for future annual report notif	ication)	3	
For fur	ther in	formation co	oncerning this matter, please c	all:		: :	-
Richard	d N. C	ionzalez		407 252-1154		خ	•
		Name of	Person	at () Area Code Daytimo	: Telephone Number	c	
Enclose	ed is a	check for the	e following amount:				
<b>S</b> \$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	

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

M30 LLC		•
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on May 30, 2019	and assigned
Florida document number L19000144134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	ristered office address on our records, <u>enter the</u> Idress here:	e name of the new
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:

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>	<u>Address</u>	Type of Action
AMBR	Jeannette Perez	975 Bennett Rd, Apt 203 Orlando, Florida 32814	≅ Add
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(If an effective Note: If the	date, if other the date is listed, the he date inserted it is effective date of	date must be speci n this block does	fic and cann not meet t	the applicabl	date of filing or ite statutory fili	nore than 90 days	optional) safter filing.) Pur s, this date will	suant to 605.0207 ( not be listed as th
the record ) The 90	d specifies a c th day after t	lelayed effect he record is f	ive date, ìled.	, but not a	n effective	time, at 12:	01 a.m. on	the earlier of:
Dated Oct	ober 15			19				
	<b>~</b>	/_						
_		Signatus	i il a memb	or or amborize	ed representativ	a discount of the contract of		
	}	Signature	or a memo	CI OLAUMOTIZ	-u representativ	bra member		

Page 3 of 3

Filing Fee: \$25.00