## L19000153266

(D-	nuncted a Name	
(Ke	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
	siness Entity Nam	e)
(54	omood Emily Hair	<i>-</i> ,
(00	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

TO:

Registration Section

Division of Cor	porations		
eun mer.	* NUFL	AC SIX. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The anglesed Articles of	Amendment and fee(s) are sub	enitted for filing	
THE CHCIOSEG ATTICIES OF	Amendment and rects) are sub	minted for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
		Luis Nunez	
	<del></del>	Name of Person	
		NUFLAC SIX, LLC	
		Firm/Company	
13331 NW 10TH STREET			
		Address	<del></del>
		SUNRISE, FL 33323	
		City/State and Zip Code	
	18	RUFLAC10@YAHOO.CO	M
	E-mail address: (	to be used for future annual re	eport notification)
For further information c	oncerning this matter, please c	ath:	
LUIS N	UNEZ	954 at ( )	594-0094
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &
Mailing Addres Registration S		<u>Street Ade</u> Registrat	dress: tion Section
Division of C		<b>-</b>	of Corporations
P.O. Box 632			tre of Tallahassee
Tallahassee, l	FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAC SIX, LLC		
Company as it now appear mited Liability Company)	s on our records.)	
npany were filed on	06/10/2019	and assigned
d liability company he	<u>re</u> :	
Liability Company," the de	esignation "LLC" or the abl	previation "L.L.C."
<u> </u>		
		<del></del>
ffice address on our re	ecords, <u>enter the nam</u>	e of the new regist
DEISY JIMI	ENEZ ACEVEDO	
2072 SW 72ND AVENUE		( )   
Enter Florida street address		- <u> </u>
DAVIE	Florida	333 🛱
City		Zip Còde S
	ffice address on our reachest Enter Flore  DAVIE	I liability Company)  apany were filed on

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>	Name	Address	Type of Action
MGR	DEISY JIMENEZ ACEVEDO	2072 SW 72ND AVENUE, DAVIE, FL 33317	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change

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n effective o <u>te:</u> If the	ate, if other than the date date is listed, the date must be spe date inserted in this block do effective date on the Departn	ecific and cannot be prior to ses not meet the applica	o date of filing or more th	(optional) an 90 days after filing.) Pursua uirements. this date will no	ant to 605.020: ot be listed as
ecord specis filed.	cifies a delayed effective date	, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
ted	FEBRUARY 1	2021	_ ·		
	/	Tan Un.	<u>`</u>		
_	Signa	rafe of a member or author	ized representative of a	nember	
	_				