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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporat	ions	_		
SUBJECT:	b. Towe	ed Liability Company	110)	LLC
	Name of Linut	ed Liability Company		
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.		
Please return all correspondenc	e concerning this matter to	o the following:		
_	Micha	Name of Person	zalez	
_	Porez-	- Mera 3.	Gon	ralec LCC
_	6267	Bird	Ruca	Л
_	Mian	Address City/State and Zip Code	3315	· <u> </u>
	E-ngil address: (to	be used for future angua) — M.G. Treport notificati	lan, com
For further information concert	`	•		
Michael (2012 des	at (<u>3 & 5</u>)	436 Daytime Tel	- 6016 ephone Number
Enclosed is a check for the following	owing amount:			
夏 \$25.00 Filing Fee ロ	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING A			T/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION Club Tower Two 1102 LCC

(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records da Limited Liability Company)	<u>;</u> ,
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
	ess, if applicable: RE A STREET ADDRESS) plicable: CT OFFICE ROX)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	r r	
	Enter Florida street address	
New Registered Office Address:		orida Zw 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actio
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an effi <u>ote:</u>	ve date, if other than the date of filing: (opticative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	r filing.) Pur	uant to not be	6 li
	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on t	he ea	ır
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ited .	100001			
	August 12. 2019.			
	/ Signature of a member or authorized representative of a member			-
	Michael Gunzaler atty	_	1	1

Page 3 of 3

Filing Fee: \$25.00