Electronic Filing Cover Sheet

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Division of Corporations

(((H19000299253 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STREET LAMP MARKETING LLC

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10/8/1

TO:

Registration Section

COVER LETTER

Division of Cor	paration*		
STREET L	AMP MARKETING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	 	Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	holasoyti ico@gmail.com		
	E-mail address: (to be used for future annual report nout	ication
For further information of	concerning this matter, please co	all;	
Cheyenna Moseley		800 773-0888 at ()	
Name o	nf Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is chelosed)	☐ \$60.00 Filing Fee, Certificate of Status of 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 2061 Executive Center Circle Tallahassee, FL 32301

LegalZoom com, Inc. From.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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19 _{OCT} _	8	į
Miller		

(Name of the Limited Liability Compa	uty as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited)	Linbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000163452</u> .	were filed on 07/02/2019 and a	ssig
This amendment is submitted to amend the following:	I	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "	L.L.
Enter new principal offices address, if applicable:	241 Hawthorne Groves Blvd Apt 204	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32835	
Enter new mailing address, if applicable:	241 Hawthorne Groves Blvd Apt 204	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32835	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>c o</u> l
Name of New Registered Agent:		
New Registered Office Address	Enter Florida street address	
	Florida	

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am femiliar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 be or removed from our records:				
MGR = M AMBR = A	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address Type of /		
MGR	Francisco J Rivera			
		Remo		
		241 Hawthorne Groves Blvd Apt 204 Orlando, Florida 32835		
MGR	Remaldo Berraos			
		Remo		
		241 Hawthome Groves Blvd Apt 204 Orlando, Florida 32835 Chan;		
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ffectiv	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	. 44
Note: 1	ctive date is listed, the date must be specific and rainfox be prior to date or uning or more mad so mays after intig.) Fursically if the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be int's effective date on the Department of State's records.	lii
e reci The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	ar
	10/02/2019	
Satura	··································	
Dated _	purof tack	_
Dated _	Signature of a member of authorized/representative of a member	_
Dated _	Signature of a member or authorized/representative of a member Francisco J Rivera Typed or printed theme of signee	_

Filing Fee: \$25.00