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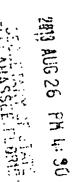
,
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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8/26/19

Office Use Only



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O VicNAIL

## **COVER LETTER**

Division of Corporations	Serv	rices
SUBJECT: Name of Lin	nited Liability Company	C. The second second
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
LUZL	Name of Person	<del></del>
Marvin	Firm/Company	e Services LLC
1319 E	Hotel acc	
	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For further information concerning this matter, please c	rall:	
Name of Person	at $(813)$ Area Code Daytime	Felephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status  Say Control Say Co	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Statuscae Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIE Registration Section	R ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

RECEIVED AUG 2 6 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lial	bility Company were filed on 6	5 3019 and assigned
Florida document number \_\O\O	7107107	THE STATE OF THE S
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	200
VIA		\$5 O
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole: 1319 t 3	JUM CLEST S
(Principal office address MUST BE A STREET	ADDRESS) Tampa	17-133405
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	<b>4.</b>	cords, enter the name of the n
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street	address
	1	_, 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 to 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maryin Alwarez	1319 Eauthaic FI 3300	Add
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			Change
			Remove
			Change
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		□ Change	
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E. Effecti	we date, if other than the date of filing: (optional) etive 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 605.0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The	90th day after the record is filed.
	0 = -10
Dated_	tuguest 33. DOM.
	Signature of a member or authorized representative of a member
	LUZ MEJG
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00