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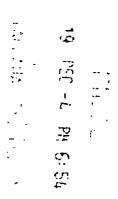
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
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pecial Instructions to	Filina Officer:	

Office Use Only



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JAN 0 9 2020

S. YOUNG

COVER LETTER

Registration Section Division of Corporations
ECT: CIVIDANES COMPANY, LLC Name of Limited Liability Company
closed Articles of Amendment and fee(s) are submitted for filing.
return all correspondence concerning this matter to the following:
Edvardo Cividanes
Name of Person Cividancs Company LLC Firm/Company
5053 White Sanderling Court
Tampa 7L 33619 City/State-and Zip Code
E-mail address: (to be used for future annual report notification)
ther information concerning this matter, please call:
Name of Person at (727) 401-1094 Area Code Daytime Telephone Number
ed is a check for the following amount:
5.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & 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
2661 Executive Center Circle
Tallahassee, FL 32301

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

(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on da document number amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." r new principal offices address, if applicable: icipal office address MUST BE A STREET ADDRESS) r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Ēnter Florida street address legistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S., Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

Page 1 of 3

Changing Registered Agent, Signature of New Registered Agent

emoved from our records:

R = Manager BR = Authorized Member

	Name	Address	Type of Action
R	Hurteris Johnson	Tampa, 7L 33578	Add
	-	Tampa, 7L 33578	□ Remove
			Change
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Tective of the	te, if other than the date of filing:	207 as
cord s 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.	of
$\overline{\mathcal{N}}$	ovember, 2019.	
· -	Signature of a member or authorized representative of a member	
	3 signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00