Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H20000040956 3)))



H200000409563ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.4

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6811 PEMBROKE ROAD FAMILY COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y. SULKER

FEB 0 6 2020

Electronic Filing Menu

Corporate Filing Menu

Help

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6811 PEMBROKEROAD FAMILY COMPANY LL	C				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on (Lisbility Company)	ont records.)			
The Articles of Organization for this Limited Liability Compan	y were filed on 7/22/19)	an	d assign	ed
Florida document number L19000191068					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the	abbreviatio	on "L.L.C	,11
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
	T-1-		7 (n	2020	
:			LCS ED:	77	
Enter new mailing address, if applicable:			£.	83	, 1
(Mailing address MAY BE A POST OFFICE BOX)			88	<u>~</u>	T
			<u> </u>	3 >	Π
			<u></u>	 _	
B. If amending the registered agent and/or registered office	address on our recor	ds enter the no	12 Com	ထု	odetora.
agent and/or the new registered office address here:		day circulate ile	11. Ca. 11.	O	<u>Eister</u> ei
			•		
Name of New Registered Agent:					
New Registered Office Address:		,			
	Enter Florida su	reet address			
	•	, Florida _		٠	
	Clty	,1101104_	Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent:					

ict 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 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>	<u>Name</u>	Address	Type of Actio
AMBR ;	AMAURY IZQUIERDO	19150 SW 57 COURT, SW RANCHES 33232	= Add
			©Remove
			Change
AMBR	MILDYS IZQUIERDO	19150 SW.57 COURT, SW RANCHES, 33332	
			🗆 Rетюче
			Change
· · · · · · · · · · · · · · · · · · ·		-	[]Add
			🗆 Remove
			□Change
			□Remove
			[]Change
· ·			·
•		· ·	DAdd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			D Change
 .			□Add
			□Rетюve
-			

-
(optional) g or more than 90 days after filing.) Pursuant to 605.