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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
12436 HEA	ALTH LLC		*		
SUBJECT: *	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return all correspo	indence concerning this matter	to the following:			
	FARAH CRUZ				
		Name of Person			
	FAIL SAFE ACCOUNTIN	NG, LLC			
		Firm/Company			
	20 S. ROSE AVE SUITE	4			
		Address			
	KISSIMMEE, FL 34741				
		City/State and Zip Code			
	INFO@FAILSAFETAX.C				
		to be used for future annual report not	ification)		
or further information c	oncerning this matter, please c	all:			
FARAH CRUZ		407 201-7988			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co	rporations		
P.O. Box 632	!7	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12436	H	17.3	1 1	l'1 I	1	ī,	~
1.7. → 201	11	T					١.

company has been notified in writing of this change.

(Name of the Limi	ted Liability Compar (A Florida Limited L	iv as it now appears o lability Company)	n our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on 08/06	/2019	an	d assign	ed
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabi	lity company here	:			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the desig	gnation "LLC" or th	e abbreviatio	on "L.L.C	
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STREE	ET A <u>DDRESS)</u>			<u>(</u>	2019	
		-			9 DEC -	
Enter new mailing address, if applicable:					2	
(Mailing address MAY BE A POST OFFICE BOX)					==	.
				:	- 5 8:	
B. If amending the registered agent and/or agent and/or the new registered office address.		ddress on our reco	ords, <u>enter the n</u>	ame of th	e new r	<u>egistere</u>
Name of New Registered Agent:	FAIL SAFE AC	COUNTING, LLC				
New Registered Office Address:	20 S. ROSE AV	'E SUTIE 4				
		Enter Florida	i street address			
	KISSIMMEE		, Florida	34741		
		City		Florida 34741		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the propacter the obligations of my position as reg	per and complete	performance of m	v duties, and La	m familia	r with c	ınd

Farah Cruz
If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
MRG	ABREU, ZENAIDA M	12436 HARNEY DRIVE	□Add
		ORLANDO, FL 32828	■Remove
			□Change
MGR	PEDRAZA, EDDIE	12436 HARNEY DRIVE	□Add
		ORLANDO, FL 32828	□Remove
			= Change
			□Add
			Remove
			□Change
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Tr 66 mari	ing data if other than the	late of filings			loni	tional)	
Note:	ive date, if other than the observe date is listed, the date must. If the date inserted in this bloent's effective date on the Department.	ck does not meet	the applicab	date of filing or m le statutory filin	ore than 90 days aft g requirements, th	er filing.) Pursuant to its date will not be	605.0207 (3 listed as th
	cord specifies a delayed 90th day after the reco		e, but not a	an effective t	ime, at 12:01	a.m. on the ea	arlier of:
Dated	NOVEMBER 26	·	2019				
		Signature of a men	Edie Pe	draza_			_
	\$	ignature of a men	iber or authori:	ed representative	ot a member		
	EDDIE PEDRAZA						

Page 3 of 3

Filing Fee: \$25.00