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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	_
(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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MAR 0 7 2020 S. YOUNG

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	bo San Luc	cas LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		T 0 4	
		Name of Person	
	<u> </u>	San Luca	s LLC
	6390 F	Anderson Way	
	Melbo	ourne FL 3294 City/State and Zip Code Cide Comail Co to be used for future annual report notif	<u>O</u>
	ind	City/State and Zip Code	100
	E-mail address: (I	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Tim	CooK	27]	622-8206
Name o		at (321) Area Code Daytime	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 S		Street Address: Registration Sec	tion
Division of C		Division of Con	
P.O. Box 632		The Centre of Ta	
Tallahassee, I	TL 32314	2410 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cabo San	Lucas	LLC		10A	
(Name of the Limited) (A	Liability Company a Florida Limited Liabi	is it now appears lity Company)	s on our records.)	1300 1	ريا
The Articles of Organization for this Limited Liabi	lity Company we 06999		8/14/19	and assigne	d
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	<u>e limited liability</u>	company he	<u>re</u> :		
The new name must be distinguishable and contain the word	s "Limited Liability (Company," the de	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable	e: _				
(Principal office address MUST BE A STREET A	(ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- - - - -				
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ress on our re	ecords, <u>enter the nar</u>	ne of the new res	gistered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Flori	ida street address		
-	 -	C).	, Florida _	7' () 1	
		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 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tanya Jaquays	6390 Anderson Way	_Xadd
		Melbourne FL 32940	
			□ Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	****		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Charan

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an e	etive date, if other than the date of filing:
the rece	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 filed.
Date	February 04. 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00