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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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01/19/21--01005--019 **25.00



JA 2/22/21

COVER LETTER

Division of Corporations bnds IIc BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. hase return all correspondence concerning this matter to the following: agustin brito de la cruz Name of Person Firm/Company 3171 turret dr Address kissimmee fl 34743 City/State and Zip Code britoruiz994@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ustin brito de la cruz Daytime Telephone Number Name of Person closed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fcc. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

):

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address;

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bnds IIc		
(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	urs on our records.)
Articles of Organization for this Limited rida document number L19000208667	and assigned	
s amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if appli	cable:	
incipal office address MUST BE A STRE	ET ADDRESS)	77AL
		5 2 2 7
		176
ter new mailing address, if applicable:		Hara Baran
ailing address MAY BE A POST OFFICE	F ROX	- U
<u> </u>		53
If amending the registered agent and/or ent and/or the new registered office addr		records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	agustin brito de la cruz	
New Registered Office Address:	3171 turret dr	
The Hogisteles Office Audiess.	Enter Flo	orida street address
	kissimmee	Florida 34743
	City	Zip Code

v Registered Agent's Signature, if changing Registered Agent:

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is right to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
nbr	Alejandra ruiz ynoa	3171 turret dr kissimmee fl 34743	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than n effective date is listed, the date	the date of filing:			(optional)	
n effective date is listed, the date	must be specific and cannot be	prior to date of filir	ng or more than 90 da	ys after filing.) Pursuan	it to 605.020 he listed a
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ecord specifies a delayed effe	octive date, but not an effect	tive time at 12:01	a mon the earlie	rofi(h). The 90th d	av after the
is filed.	selive date, our not an effect	ive unic, at 12.0	a.m. on the carrie	01. (0)	u,
january 9	2021				
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LEN.	The second secon				
	Signature of a member of	r authorized repair	ntative of a member	- Jan	·

Filing Fee: \$25.00