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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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Amendicus

OCT S 2019 ALECTITON

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: CRISTING RODRIGUEZ PN WORK, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Clisfina Rodriguez |
| Chisting Rodrigues RN Work, LLC |
| 2980 SW 20 Street |
| City/State and Zip Code Clistica Rode and Zip Code E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Chishma Rodeiguez at (35) 815-4101 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 \mathbf{OF}

| Chistina Kodeia | wez AN WORK 11 | |
|--|---|---------------------------------------|
| (Name of the Limited Liability (A Florida | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co. | ompany were filed on 921209 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ted Liability Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | ESS) | 10 - |
| | | |
| Enter new mailing address, if applicable: | | 13 (|
| (Mailing address MAY BE A POST OFFICE BOX) | | ् प् |
| | | 1 .0 |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office address Name of New Registered Agent: | | he name of the new |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | , Florida | |
| Non-Books and St. Co. Co. Co. | City | Zip Code |
| New Registered Agent's Signature, if changing Registered libereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered agreeing filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in this capacity. I further agree complete performance of my duties, and I am fa went as provided for in Chapter 605, F.S. Or, i | miliar with and f this docunent is |
| | | |
| | If Changing Registered Agent, Signature of New Reg | istered Agent |

| | Authorized Person(s) authorized om our records: | d to mana | age, enter the title, name, and address of each j | person being added |
|-----------------------|---|-------------|---|--------------------|
| MGR = Ma AMBR = Au | nager thorized Member | | | |
| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
| AMBR | Cristina Rodeige | <u>v</u> 2 | Address 2980 SW 26 St., Miami, Fl. 2315 | Add Add |
| | _ | | | □ Remove |
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| | nding any other information, enter change(s) here: (Anach dadinohar meets, g-necessary.) | · |
|---------------------------|--|----------------------------|
| _ | Changing the LLC from a Manager | |
| | managed company with an Authorises | 1_ |
| | Representative to a Member Managed | |
| | Company. | |
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| f an effe <u>Note:</u> | ve date, if other than the date of filing: | to 605.0207 e listed as |
| e rec The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ 90th day after the record is filed. | arlier of |
| Dated _ | Signature of American Administration of a member | |
| | Risting Radigaces | |
| | Typed or printed name of signer | + |

Page 3 of 3

Filing Fee: \$25.00