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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

_	ation Section n of Corpora			
	V 83 ROAD	JNIT 302 1.1.C		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Ar	ticles of Ame	endment and fee(s) are sub-	nitted for filing.	
Please return all	corresponder	nce concerning this matter t	o the following:	
		IULIO MOLINA		
		JULIO MOLINA PA	Name of Person	<del></del> _
		2002 CURRY FORD RD	Firm/Company	
	-	ORLANDO FL 32806	Address	<del></del>
	J	ULIOMOLINA@BELLSO		
	_	h-mail address: (t	o be used for future annual report not	ification)
For further infor	mation conce	erning this matter, please ca	dl:	
JULIO MOLIN	A Name of Per	son	407 228-4757 at ()	ne Telephone Number
Enclosed is a ch	eck for the fe	Howing amount:		
■ \$25.00 Filin		I \$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 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 OF

NW 83 ROAD UNIT 302 LLC		
( <u>Name of the Limited Liabilit</u> (A Fiorida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/23/2019	and assigned
Florida document number L19000215573	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
NW 83 STREET UNIT 203 LLC		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" e	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDR	RESS)	2015 17/15 S
		<u></u>
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Ε ω
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Attended Busses of the San San	Enter Florida street address	
	Flor	
<del></del>	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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			<b>D</b> Add
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			□ Change

Note	tive date, if other than the date of filing:
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier as 90th day after the record is filed.
Dates	Zhari C. Sauche Z  Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00