## 119000 225 191

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

Office Use Only



200339563092

01/22/20--01026--016 ++25.00

SEARCHANN OF STATE

) JAN 22 PH 1:44

FEB 17 253

## **COVER LETTER**

SURIFO	2101 N. A	rmenia, LLC		
SODULO		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are su	hmitted for filing	
			·	
		Liana Fuente c/o Amanda	. Wagner	
		-	Name of Person	
		2101 N. Armenia, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filling.  n all correspondence concerning this matter to the following:  Liana Fuente e/o Amanda Wagner  Name of Person  Firm/Company  1310 North 22nd Street  Address  Tampa, Florida 33605  City/State and Zip Code  fuentefamily@fuenteholdings.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  agener  a check for the following amount:  Filing Fee  Certificate of Status  Certificate of Status  Street Address: Registration Section  vision of Corporations  Division of Corporations  Division of Corporations  The Centre of Tallahassee		
	Division of Corporations  2101 N. Armenia, 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:  Liana Fuente c/o Amanda Wagner  Name of Person  Firm/Company  1310 North 22nd Street  Address  Tampa, Florida 33605  City/State and Zip Code fuentefamily@fuenteholdings.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Amanda Wagner  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certificate of Status  Certified Copy Certificate Copy			
			Address	
		Tampa, Florida 33605		
		fuentefamily@fuenteholdir	•	
For furthe	er information c			ification)
		one maner, prease c	813 549-6043	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
ŀ	Registration S	Section		ction
F	P.O. Box 632	7		
า	Γallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on "L.L.C."
on "L.L.C."
20
20
20
20
20
<u>-</u>
<u> </u>
3
<u> </u>
<del>-</del>
SOO PM I

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
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			20Change  ALL BLOOM  BREMOVE  Change  Change
	<del></del>		DAdd DAdd
			Remove
		<del></del>	□ □ Change
			Remove
			□Change
			□Add
			□Remove
<del></del>		<u>.                                    </u>	□Add
			□Remove

## Page 2 of 3

			<del></del>	<del></del>											
														<del>-</del>	
										_					_
										_					_
				<del>-</del>		<del></del> _					_				
															_
		_			-			-							
															_
											_				<del></del>
										_			<u></u>		
				_										20 J	
											· <del>-</del>		ij.	==	
						_				<del></del> -				20	
													- 15 - 27	P	<u></u>
		_											<u> </u>	<del></del>	
						_							Orr A	F	
							. <u>-</u>								
								_							<del></del>
if an ei Note:	ctive date, frective date if the date ment's effe	e is listed, t te inserted	the date m d in this	iust be spe block doe	cific and es not r	d cannot neet th	e applic	able sta	of filing c tutory f	or more the	an 90 day	(option is after fi is, this (	ling.) Pur	suant to not be	605.0207 listed as
ie re The	ecord spe e 90th d	ecifies a ay after	delay	ed effec ecord is	ctive o	date, i	but no	t an e	ffectiv	e time	, at 12:	:01 a.	m. on t	the ea	rlier of:
Dated	الناك ا	ilini	20	<del>}</del>		<del>, 2</del>	020	y >->							
		/													
	<u> </u>			Signate	ne of a	member	r or autho	orizod re	presenta	ive of a	nember				

Filing Fee: \$25.00