## 49000 235 603

(1	Requestor's Name)	
(,	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
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(	Business Entity Name)	· · · · · ·
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SECRETARY PRINCIPLE

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## **COVER LETTER**

Divisio	on of Corpor	ations			
	BILLETERA	ORLANDO FRANCHISE	LLC		
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed A	articles of Am	endment and fee(s) are sub-	nitted for filing.		
Please return al	Lcorresponde	nce concerning this matter	to the following:		
		Mercedes Bazante			
			Name of Person		
			Firm/Company		
		5501 Minaret Ct			
			Address		
		Orlando, FL 32821			
			City/State and Zip Code		
		zmbtax@gmail.com	_		
		E-mail address: (1	to be used for future annual re	port notification)	
For further infe	ormation conc	erning this matter, please co	ıll:		
Mercedes Baza	ante		407 485-	0927	
	Name of Pe	rson	Area Code	Daytime Telepho	one Number
Enclosed is a c	heck for the f	ollowing amount:			
☐ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

IBILLETERA ORLANDO FRANCHISE LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compare Florida document number 1.19000235603	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	• • • • • • • • • • • • • • • • • • • •	1300
B. If amending the registered agent and/or registered	office address on our records	enterable name of the nev
registered agent and/or the new registered office address h		enter due mante of the nex
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	Flori	
	Ciţy	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAMON PEREZ	9926 GRANDE LAKES BLVD ORLANDO, FL 32837	
			Aemove
			□ Change
MGR	JONATHAN M TACURI MORENO	2648 AMADTI DRIVE KISSIMMEE FL 34741	
			Remove
			☐ Change
MGR	REYNA L MARTIN CHAVEZ	14549 WINTER STAY DR WINTER GARDEN FL 34787	
			Remove
			☐ Change
		<u> </u>	
			□ Remove
			Change
			Add
			Remove
			Change
	<del></del>		
			□ Remove
			□ Change

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ective date, if other than the date must be	ate of filing:	t be prior to date	of filing or more th	(optional) an 90 days after filing	.) Pursuant to 605,02
te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the	e applicable st	atutory filing req	uirements, this date	will not be listed:
record specifies a delayed of the 90th day after the recor	effective date, d is filed.	but not an (	effective time	, at 12:01 a.m.	on the earlier
	201	9 .			
ted	·				
ted OCTUBRE 5	_ /	_	approximation of a	nember	

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Filing Fee: \$25.00