## L19000245164

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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Co	rporations		
SUBJECT:	G J R	AMIREZ ROA	ad Services LLC
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Tor W	GE RAMIRE  Name of Person  Firm/Company	
		FULMAR RD Address	
	Jorge Tac	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	200 SEP 113
Maurin	concerning this matter, please ca Maguel of Person	at (352) 942 - 3  Area Code Daytime T	SSECTION PH 3
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$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 Division of P.O. Box 63	Section Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on September 30/2018 and assigned Florida document number <u>19000245164</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

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Filing Fee: \$25.00