## L19000246138

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## **COVER LETTER**

TO:

FO: Registration Section Division of Corpor			
Stip tekore.	Rayelo H	mldinas 12.C	
SUBJECT:	Name of Lim	nited Liability Company	
			Č.
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	三
Please return all corresponde	nce concerning this matter	to the following:	
	Lisa	PAVELO Name of Person	
		Firm/Company	
	2320	NW FORK ROAG	4
	Stv	City/State and Zip Code	94
-	lisar,	AVE 10 (10 h o tmail to be used for future annual report notif	( D M
For further information conce	erning this matter, please c	all:	
Name of Per	Ravelo	at (O) () 2)	14135 Telephone Number
Enclosed is a check for the fo	ollowing 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)
Registratio Division of P.O. Box 6	Corporations	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_ L19 000 24 6 13 8 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" or the abbreviation "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:

2326 NW FOR RUAD

Enter Florida street address

Stuart

City

Florida 3499 New Registered Office Address:

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:

or removed from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>1 itle</u>	Name	Address	Type of Action
AMBR	Lisa Ravelo	2326 NW FORF ROAD Stuart, FL 34994	<b>JX</b> (Add
		Stuart, FL 34994	Remove
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). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Reinier A. Ravelo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00