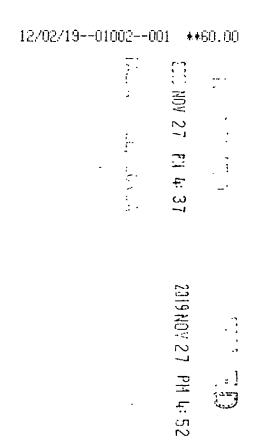
## L1900038149a

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

Office Use Only



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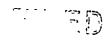
## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>S</u>	Name of Limi	Cand WOtavi	g Service + 11C
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Cenesi	S. E. Pabon Name of Person	<u>,                                    </u>
	Salgado	Stax and No	tary Services 110
	989 W. K	ennedy bwd	ste 202
	Orlando multiseri	City/State and Zip Code  POS OFFICE 1  o be used for future annual report noti	egmail.com
For further information c	oncerning this matter, please ca		
Genesis Name o	Pabon Person	at (40+) 7-79 Area Code Daytim	· 5/16  ne Telephone Number
Enclosed is a check for th	ne 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 NOT 27 PH 4: 52

Salgado tax as	nd Notary Services/11C  ny as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on NOU_12_19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	11 Ste 202 Orlando H 32870
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
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.

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
MBR	Kanawillians	, 1030 Windyway	<u> </u>
		Applicati 3276	<u>}</u> ∃@Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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			□Change
	<del></del>		Dadd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Channa.

## Page 2 of 3

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<del></del>	
ective d	ite, if other than the date of filing:
n effective ( <mark>te:</mark>   If th	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier aday after the record is filed.
ted <u>k</u>	DU 27 . 2019
-	X Jewin 3, 4200 Signature of a member or authorized representative of a member
	Y Genesis E. Paban Typed or printed name of signee
	· OKNOS L- 10001

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Filing Fee: \$25.00