L19000288676

(Requestor's Name)
(Áddress)
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PICK-UP WAIT MAIL
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MAR 1 2 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		•	
A ESCALO			
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ADRIAN ESCALONA RO	DJAS	
		Name of Person	
	A ESCALONA LLC		
		Firm/Company	
	1677 SARNO ROAD		
		Address	
	MELBOURNE, FLORIDA	A 32935	
		City/State and Zip Code	
	ADRIANESCALONAROJ	AS20@GMAIL.COM to be used for future annual report notil	fication)
For further information c	oncerning this matter, please c		ikunon,
ADRIAN ESCALONA	ROJAS	512 701-3628	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 637	7	The Centre of T	`allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A ESCALONA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/20/201	9	and assigned
Florida document number 1.19000288676			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
	<u></u>		
Enter new mailing address, if applicable:	<u> </u>		
(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:	address on our records	s, <u>enter t</u> he name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	
		Florida	
	City	, FOHUA	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

New Registered Agent's Signature, it 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 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
MBR	ADRIAN ESCALONA ROJAS	1677 SARNO ROAD, MELBOURNE FL 32935	= Add
			Remove
			□Change
			□ A đ d
			□Remove
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			□Remove
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			□Change

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Filing Fee: \$25.00