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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Con			
2921 W. A	ileen St., LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rosanna Fuente c/o Amar	nda Wagner	
		Name of Person	
		Firm/Company	-
	1310 N. 22nd Street		
		Address	
	Tampa, Florida 33605		
		City/State and Zip Code	
	fuentefamily@fuenteholdir	*	
For further information of	n-man address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Amanda Wagner		813 549-6043	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2921 W. Aileen St., LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000294614</u> .	wwere filed on December 2, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•?
Principal office address MUST BE A STREET ADDRESS)	20 F
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City 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	Rosanna Fuente Trust w/w/d May 29	1310 N. 22nd Street	□Add
		Tampa, FL 33605	■Remove
			Change
S	Karen R. Smith	1310 N. 22nd Street	
		Tampa, FL 33605	≣Remove
			□Change
			□Add
			□Remove □Chânge
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Effective date, if other that If an effective date is listed, the dinate inserted in document's effective date on	ate must be specific a this block does no	and cannot be pri- it meet the appl	or to date of filing icable statutory	g or more than 90 tiling requirem	(optional days after filing ents. this date	2) Pursuant i	o 605.0 e listed	207 Las
ne record specifies a de The 90th day after th	layed effective e record is file	e date, but n d.	ot an effect	ive time, at 1	.2:01 a.m.	on the e	arlier	of:
Dated Tebruary	20	<u>. 2020</u>	····································					
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1Cosan	Signature of	a member or aut	horized represen	tative of a membe	er		_	

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Filing Fee: \$25.00