Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : 120150000098

Phone : (305)713-9142

Fax Number

: (815)550-9948

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERNANDEZ GOMEZ AND ASSOCIATES LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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C. GOLDEN AUG 3 1 2020

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

7020 AV 27 PH 6:31

(A	ATES LLC Liability Company Florida Limited Lii	as it now uppears on our records bility. Company)			
Articles of Organization for this Limited Liat ida document number L19000300623	•		चार्च घडडांद्याल्व		
amendment is submitted to amend the follow	ving:				
If amending name, enter the new name of	the limited liabi	lity company here:			
1. 45-21	and Wilmited Liabil	ity Company," the designation "LLC	or the abbreviation "L.D.C."		
new name must be distinguishable and contain the we		.18303 SW 139TH PL			
inter new principal offices address, if applicat	ible:	MIAMI, FL 33177			
incipal office address MUST BE A STREE	TADDRESS)				
		18303.SW 139TH PL			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33177			
			·		
If amending the registered agent and egistered agent and/or the new registered of	Vor registered	office address on our recor	rds, enter the name of the		
Name of New Registered Agent:  New Registered Office Address:	GOMEZ, BL	ANÇA			
	- Annon 2001 1	20TH PI	·		
	18303 SW 1	Diter Florida street ad	dress		
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 meraly 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

Page 1 of 3

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>	Name	Address	Type of Action		
MGR	GOMEZ, BLANCA	18303 SW 139TH PL	□ Add		
		MIAMI, FL 33177	☐ Remove		
			■ Change		
MGR	FERNANDEZ, GERARDO	615 SE 28 LN	□ ∧6₫		
		HOMESTEAD, FL 33033	■ Remove		
			☐ Change		
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Dated	r 19		2020	············	•		
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