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(F	Requestor's Name)			
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(Business Entity Name)				
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Fuegoz + Junge LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Aug herenzo Name of Person	
Firm/Company	
FirmeCompany	
428 Del Rock Blud W Guit 112-114	
Cape Coral, FL 33 909 City/State and Zip Code	
City/State and Zip Code	
E-matt address: (to be used for seture annual report notification)	
For further information concerning this matter, please call:	
Anta L Lovenzo at (239) 810-663  Name of Person Area Code Daytime Telephone Number	
Name of reson Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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



2020 J. 116 AHTH: 06 imited 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 \_ Florida document number L 19 000 3 00 9900 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address . Florida City

## 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MOR	Jonathan Diaz	3702 Garden Blud	🗆 Add
		3702 Garden Blud Cape Coral, FL 33909	Remove
,			Change
Am B Garner	Avia hurenzo	3702 Cardon Blud	_ OXdd
·		3702 Cardon Blud Cape Coral XL 33909	7 □Remove
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			DRemove
		🗆 Chan	Change
			🗆 Add
			□Remove
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:    Some   (optional)     If an effective 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 605.0.    Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.    Particular of State's records.					
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Ania Lorenzo	$\mathcal{I}$	1 2			

Filing Fee: \$25.00