## L 200000 22397

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(Business Entity Name)	· -
(Document Number)	
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## **COVER LETTER**

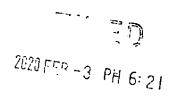
Registration Section Division of Corporations

TO:

SUBJECT:	ange for 6411 WILSHIRE	DR, LLC	
SUBJECT:	Name of Lim	ited 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:	
	AFRODICIO R. HERNA	NDEZ	
		Name of Person	
	6411 WILSHIRE DR, LL	.C	
		Firm/Company	
	6411 WILSHIRE DR		
		Address	·
	TAMPA, FL 33615		
	sshineade@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
AFRODICIO R. HERN	-	813 403-8521	
		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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 Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



6411 WILSHIRE DR, LLC

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing L20000022397  Florida document number	any were filed on 01/15/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	r 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:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	_
		<del>-</del>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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

Ti <u>tle</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
AMBR	AFRODICIO R. HERNANDEZ	11008 AIRVIEW DR, TAMPA, FL 33625	□Add
			□Remove
			■Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the didentive date is listed, the date must be: If the date inserted in this blockers.	be specific and cannot be prior to o		
ument's effective date on the Dep			
cord specifies a delayed effective s filed.	date, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
JANUARY 15	2020		
Çü			
	And		
	ignature of a member or authoriz	ed representative of a membe	r

Filing Fee: \$25.00