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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
subject:AM	VERICAN A LATINO Name of Lim	ASL SPECIAL TI	ES LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA6	Name of Person	
		Name of Person	
	AMEDICAN A	STIND A AL SPEC	WILTIES LLC
	598 GOSSANG	Address	
	SE BASTIAN	FLOTHIOA 32958 City/State and Zip Code	3
		•	
	E-mail address: (i	stare cmail. Co	ication)
For further information c	concerning this matter, please ca	all:	
ANSBELLE	YAN82	at (<u>305</u>) B33 Area Code Daytimo	0146
Name o	f Person	Area Code Daytime	: 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)
Mailing Addres		Street Address:	
Registration 5		Registration Sec	
Division of C P.O. Box 632		Division of Con The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

띯

AMERICAN & LATIN	UO ARL SPECIAL	TIES INC. TO	
AMERICAN S LATIN (Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on 303	(*) (*) #의 전기	
	·	$\mathbf{\dot{\omega}}^{\mathcal{L}}$	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
AMERICAN AND LAT	TWO ALL SPECIAL	TIES LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDR	ESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	*****		
		******	_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of the new regist</u>	ered
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida s	treet address	
		, Florida	_
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	ANABELLE YANEZ	598 GOSSAMER WING WAY SEBASTIAN, FLORIDA 329	[] Add
			□Remove
			A Change
			□ Add
			□Remove
			Change
			□Add
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			□Remove
			Change

ve date, if other than the date of filing:
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
JULY 10 , 2020.
JULY 10 Luabelle Jace Signature of a member or authorized representative of member $ANABELLE$ Typed or printed name of signce
Signature of a member or authorized representative of member
,
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