## LZC CCC DHC359

| (Re                     | questor's Name)    |               |
|-------------------------|--------------------|---------------|
| ( 12                    | 4                  |               |
| (Ad                     | dress)             | <del></del> . |
| ·                       | •                  |               |
| (Ad                     | dress)             |               |
|                         |                    |               |
| (Cit                    | ty/State/Zip/Phone | e #)          |
| PICK-UP                 | ☐ WAIT             | MAIL          |
|                         |                    |               |
| (Bu                     | siness Entity Nar  | ne)           |
|                         |                    |               |
| (Do                     | cument Number)     | <del>"</del>  |
| Certified Copies        | _ Certificates     | s of Status   |
|                         |                    |               |
| Special Instructions to | Filing Officer:    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |

Office Use Only



100354613821

11/04/20--01012--024 \*\*180.00

3.30 3.515

O SIMMONS DEC 1 1 2020

## **COVER LETTER**

| TO: Registration Section Division of Corporations            |   |         |  |  |  |  |
|--|---|---------|--|--|--|--|
|  | QC(VIII) AVI  |         |  |  |  |  |
| SUBJECT:   | Name of Limited Liability Company   |         |  |  |  |  |
|  | Name of Emilies Diability Company   |         |  |  |  |  |
| The enclosed Articles of A                                   | mendment and fee(s) are submitted for filing.   |         |  |  |  |  |
|  | ·   |         |  |  |  |  |
| Please return all correspond                                 | dence concerning this matter to the following:  |         |  |  |  |  |
|  | Karolina Torres Name of Person  |         |  |  |  |  |
|  | KTORCES SOMION COOD   |         |  |  |  |  |
|  | KTorres Services Corp   |         |  |  |  |  |
|  | 600 5 Redeval Hwy Ste 207   |         |  |  |  |  |
|  | KTOPPES Services Corp. City/State and Zip Code  |         |  |  |  |  |
|  | Who seed to Who may are a set to a may  |         |  |  |  |  |
|  | E-mail address: (to be used for future annual report notification)  |         |  |  |  |  |
| For further information concerning this matter, please call: |   |         |  |  |  |  |
| Vaml Tax   | es at (954) 3800755   |         |  |  |  |  |
| Name of I  |   | -       |  |  |  |  |
| Enclosed is a check for the                                  | following amount:   |         |  |  |  |  |
|  |   |         |  |  |  |  |
| □ \$25.00 Filing Fee   | \$30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) | tatus & |  |  |  |  |
| <u>Mailing Address:</u><br>Registration Sc                   |   |         |  |  |  |  |
| Division of Co   |   |         |  |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | OF               |                      | 1730                     | [ ] m                 |
|---|------------------|----------------------|--------------------------|-----------------------|
| BiCIII II C   |                  |                      |                          | 5: 5                  |
| (Name of the Limited Liahi  | ility Company    | as it now appears of | our records.)            | · · ·                 |
| (A Flori  | ida Limited Lia  | bility Company)      | ,                        |                       |
| he Articles of Organization for this Limited Liability  | Company w        | ere filed on C2/C    | 05051E                   | and assigned          |
| Iorida document number L 2000040389   |                  |                      | ··-                      |                       |
| fortua document manner 2 3 30 70 3 1  | ·                |                      |                          |                       |
| his amendment is submitted to amend the following:  |                  |                      |                          |                       |
| a. If amending name, enter the new name of the lir  | mited liabili    | ty company here:     |                          |                       |
|   |                  |                      |                          |                       |
| he new name must be distinguishable and contain the words "Li   | imited Liability | Company," the desig  | nation "LLC" or the      | abbreviation "L.L.C." |
|   | ŕ                |                      |                          |                       |
| nter new principal offices address, if applicable:  |                  |                      |                          |                       |
| <u>Principal office address MUST BE A STREET ADD</u>  | <u>DRESS)</u>    |                      |                          |                       |
|   |                  | <del></del>          | <u> </u>                 |                       |
|   |                  |                      |                          |                       |
| nter new mailing address, if applicable:  |                  |                      |                          |                       |
| Mailing address MAY BE A POST OFFICE BOX)   |                  |                      |                          |                       |
|   |                  |                      | <del></del> -            |                       |
|   |                  |                      |                          |                       |
| 3. If amending the registered agent and/or register gent and/or the new registered office address here: |                  | dress on our reco    | rds, <u>enter the na</u> | me of the new regist  |
| gent and of the new registered office address here.   | •                |                      |                          |                       |
| Name of New Registered Agent:   |                  |                      |                          |                       |
| Name of New Registered Agent.   |                  |                      | <u>-</u>                 |                       |
| New Registered Office Address:  |                  |                      |                          | · -                   |
|   |                  | Enter Florida        | street 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 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                | <u>Address</u> '0" 5: 15 | Type of Action |
|--------------|---------------------|--------------------------|----------------|
| AMBR         | NIMA 11 WAY         | 150 FE 2119 Ave stc 406  | □Add           |
|              |                     | Miami & 33131            | _ Kemove       |
|              |                     |                          | □Change        |
| Myr          | Gi Djament Baumflek | 21051 Bella Vista Cir    | − Xvdd         |
|              |                     | Acca Ruten, Fr 33428.    | □Remove        |
|              |                     |                          | □Change        |
|              |                     |                          | □Add           |
|              |                     |                          | □Remove        |
|              |                     |                          | □Change        |
|              |                     | <del>.</del>             | _ □Add         |
|              |                     |                          | □Remove        |
|              |                     |                          | □Change        |
|              |                     |                          | □Add           |
|              |                     |                          | □Remove        |
|              |                     |                          | □Change        |
|              |                     |                          | _ □Add         |
|              |                     |                          | □Remove        |
|              |                     |                          | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5: 15 E. Effective date, if other than the date of filing: \_ (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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Hexandre U Ben 10.

Typed or printed game of signee

Filing Fee: \$25.00