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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(200111000 27111) (101110)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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Office Use Only



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D. BRUCE

COVER LETTER

TO: Registration Se Division of Cor		•	-		
· 3051 A LL SUBJECT:	С	•			
	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	JORGE PAZ				
		Name of Person			
	3051 A LLC				
		Firm/Company			
	PO BOX 552098				
		Address			
	DAVIE, FL 33355				
	JPAZ@KAILASCONTRA	City/State and Zip Code CTORS.COM		2020 AUG RECRETA	
	•	to be used for future annual report notifica	tion)		
For further information c	oncerning this matter, please c	all:		#### -1	Torthon a
JORGE PAZ		954 605-6940 at ()		AH 7: 0	
Name o	t Person		elephone Number	7:0	44.
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)	Certified (e of Status &	

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

Street Address: 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

3051 A LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on $\frac{02-05-2020}{1.20000042404}$		and assigned
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	ù	
		SECRETALLY
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		\$36° ≥ ! []
		0.01
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	гар с оае

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>	<u>Name</u>	Address	Type of Action
MGR	RICARDO PAZ	PO BOX 552098	□Add
		DAVIE, FL 33355	■Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Add
			□Remove
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Filing Fee: \$25.00