# 1200 000 42623

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: <u>CH</u>	<u> ကြိုင်ၔ</u> S <u>App</u> Name of Lim	Bances LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mazia	Salazar Name of Person	
		$\omega A$	
		Firm/Company	
	11110 S Las	Keview Drive	
	Pembroke P	nes F/ 330 City/State and Zip Code	26
		SIIC Qurail- co	
For further information ed	oncerning this matter, please ea	all:	
Maria Name of	alazar Person	at ( <u>954</u> ) <u>681-</u> Area Code Daytimo	5071 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	<b>⋈</b> \$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 Addrus		Stenat Addenue	

Registration Section

TO:

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**

CHOICES AGAIS (Name of the Limited Liability C (A Florida Liability C	Company as it now appears on our records.) mitted Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>20000 42623</u> .	npany were filed on <u>02/05/2020</u> and assigned L200000 42673
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
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 ADDRES	SS) 20 AR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	, <u>a</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: £103	sa Marcano
New Registered Office Address: 111/0	S lakeview Drive  Enter Florida street address  Ha Piras Florida 3307.6  City Zip Code
Pento10	he Pires Florida 3302.6
New Registered Agent's Signature if changing Registered A	

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>MGR</u>	Maria Salazar	11110 S lakeviers Dr. Perbione Pinsy #1	33-5814 VIII
		Marcano Eloaso, Mrs	DKemove
			□Change
MH2		□Add	
		□Remove	
			□Change
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fan effect <u>Note:</u> If	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	3/8/70
	Signature of a member or authorized representative of a member
	Mania Salazat  Typed or printed name of signee