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C Kiuzea

COVER LETTER

TO: Registration Section Division of Corporations		•• ••
SUBJECT: Name of Li	ted Auto transpinited Liability Company	orill
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
\sim	Ca Caraballo Name of Person ESCI 7 STU'CES Firm/Company	icc
3140 w	1574Ter Address	••
— Pique G — Universe E-mail address:	City/State and Zip Code City/State and Zip Code City be used for future annual report notific	1. Call
For further information concerning this matter, please	call:	
Enila Caraballo Name of Person	at (ACC) 243- Area Code Daytime	SO 8 1 Telephone Number
Enclosed is a check for the following amount:		
\$30.00 Filing Fee \$\text{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 Address: Registration Section	Street Address: Registration Sect	ion

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

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

(Name of the Limited The Articles of Organization for this Limited Liability Company were filed on 200000H3S13 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the fimited fiability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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>	Name	Address	Type of Action
AHBR	Rudial Caballas	811 Anaconda Ave	□Add
		BII Anaconda Ave Idnigh Acres, Plasi	74-5562 Remove
			Change
***************************************			□Add
			□Remove
			□ Change
			□Add
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	g requirements, this date will not be fisted a
is filed.	on the earlier of: (b) The 90th day after the
ned March 61 2020.	
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Signature of a member or authorized representative	elil .
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Filing Fee: \$25.00