L20000103414

(Re	equestor's Name)	•
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Always Sur	imer LLC
Na.	me of Limited Liability Company
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Valeria	Esponda - Barba Name of Person
	Firm/Company
8301	NW 167th Terr
	Address
Miami	Lakes, FL 33016 City/State and Zip Code
	Symmer 1994@gmail. Com address: (to be used for future annual report notification)
For further information concerning this matter	, please call:
Valeria Espondo	-Barba at (786) 333-8329 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S \$25.00 Filing Fee ☐ \$30.00 Filing F Certificate of	
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

Always 5	ummer	1.LC			
(Name of the Limited	Liability Company Florida Limited Liab	as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L20000103L</u>		ere filed on <u>04/</u>	15/2020	_ and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designa	tion "LLC" or the abbre	eviation 🕦	L.C. <u>?'</u>
Enter new principal offices address, if applical	ble: _			Ħ.	301 301
(Principal office address MUST BE A STREET	ADDRESS)				2 × 1
	-				1 m
					। 56 + हर
Enter new mailing address, if applicable:	-		<u> </u>	မ	<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _		· · · · · · · · · · · · · · · · · · ·		
	-				
B. If amending the registered agent and/or regagent and/or the new registered office address		iress on our record	ls, enter the name	of the new	registered
					
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida str	reet aaaress		
		Cin	, Florida	Zip Code	
N. B. Ca. La M. G. La		City		z.ιρ Coae	

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	Valeria Esponda-Barba	8301 NW 167th Terr	🗆 Add
		Miami Lakes, FL 33016	?_ □Remove
			DChange
AMBR	Juan C Hernandez Ji	8301 NW 167th Terr	□Add
		Miami Lakes, FL 33016	Nemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change

Page 2 of 3

	
	
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	April 27th 2020.
	Signature of a member or authorized representative of a member
	Valeria Esponda - Barba Typed or printed name of signee

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Filing Fee: \$25.00