K20000 111180

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only 5, C.



300371285813

08/19/21--01015--006 **30.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNRODRIGUEZ LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2020 and assigned Florida document number L20000111180

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

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

Title Name		Address	Type of Action		
AMBR	Chrisopher M. Rodriguez	3153 Sheehan drive			
		Land O' Lakes, FL 34638	■Remove		
			□Change		
			□ Add		
			Remove		
			□Change		
		-	□Add		
			□Remove		
			□Change		
			□Add		
			Change		
			□Add ₁		
			Remove /		
			Change		
			□Add		
		-	Remove		
			Change		

		 = ·				
						_
_						
					-	_
_						_
					-	_
_						_
		•				_
_					··	_
						-
-			·····			_
-				-	·	_
					-	_
			-		, <u>-</u>	
_						_
ffectiv	e date, if other than the date of fi	ling:		(option	al)	
an effec	ive date is listed, the date must be specific	and cannot be prior to	date of filing or more	than 90 days after fil	ing.) Pursuant to 6	05.0207
	the date inserted in this block does n t's effective date on the Department		oie statutory ming r	equirements, this o	ate win not be ii	12/CG 92
	•					
FOCA-A	specifies a delayed effective date, but	not an afficiency in	wat 12:01 a as a sec	the earlier of the	The Ofick day of	l for the
recora Lis file		not an effective tim	ic, ac (2.01 d.Ht. Off	ine carrier of, (0)		rei_me
					211	
	11.2.57 17	2021				١٠٠٠
ated _	1104021 11	_ · <u> </u>	<u> </u>			
	MUGUST 17	Man /				
		/				
	Signature of	of a member or author	ized representative of	a member		

Filing Fee: \$25.00