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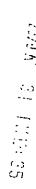
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OCT 12 2020

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Pena Po Name of Lim	ainting LC ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please return all correspon	ndence concerning this matter	to the following:
	Fidel M	Pena Rosendo Name of Person
		Firm/Company
	108 W E	ONVEYTON ST.
	Minne	Olg FL 34715. City/State and Zip Code
	Fidel Dena E-mail address: (a grail Coyyo to be used for future annual report notification)
For further information ed	oncerning this matter, please ca	att:
Fidel My Name of	Pena	at (407) 300 42-83 Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Section Division of Corporations
P.O. Box 632° Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GM Pena Pery	TING 1 (Co. 3) F. 112: 55
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $220006/23232$.	y were filed on $\frac{27/8}{3020}$ and assigned
	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L1.C" or the abbreviation "L.1C."
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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/of the new registered office address nere.	
Name of New Registered Agent: Fide!	MPena Rosendo.
New Registered Office Address: 08	Enter Florida street address
Mir	MOGA Florida 34715, Zip Code
Num Degistered Agent's Signature if shanging Degistered Agent	•

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 Authorized Member
$\overrightarrow{AMBR} =$	Authorized Member

<u>Title</u>	Name	Address 2 79 AT 8 1 F.1.124 35	Type of Action
MER	Fibel M. Pena Rosando	108 W Silverton St. Minneola Fl.	□Add
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