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Amendleus

EED OF 2020 ! ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpora		•	
SUBJECT: Natal	IE Melende Name of Limite	7 Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Natalie 1	Melendez Name of Person	
-		Firm/Company	
-	1508 Clister	Bayou Street	
-	Ruskin Fl	33570 City/State and Zip Code	
_	admin@na: E-mail address: (to	tsells realestate be used for future annual report notification	. COM
For further information conce	rning this matter, please call	:	
Natalie Me Name of Per	lendez son	at (813) 390 - Area Code Daytime Tele	2474 ephone Number
Enclosed is a check for the fo	illowing amount:		
□ \$25.00 Filing Fee	\$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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lia	Melendez Li bility/Company as It now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 12000138756	y Company were filed on 5/6	21/2020 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		رسا
Principal office address MUST BE A STREET AD	DRESS)	,
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ζ̈́
B. If amending the registered agent and/or re registered agent and/or the new registered office a	u .	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet address
		, Florida Zip Code
	City	Zip C.ode

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 Address Type of Action Name Natalie Melendez 1508 Custer Bayou Street XADD □ Remove □ Change _ Add □ Remove _ Change □ Remove _□ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	
-	
	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated(October 20th . 2020. Nataly Meleville a member or authorized representative of a member.
	Natalie Melendez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00