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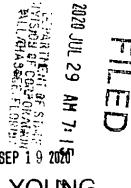
(Red	questor's Name)	
(Add	dress)	,
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
SUB-WOT	INVERSIONES SERV	ICIOS Y SUMINISTROS LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		FELIX J GUZMAN			
	-	Name of Person	-		
		Firm/Company			
		13912 SW 151ST AVE			
		Address			
		MIAMI, FL 33196			
		City/State and Zip Code			
		felixjguzman@yahoo.com to be used for future annual report no	tiffection)		
For further information	concerning this matter, please c		uncation)		
FELIX J GUZMAN		786 355-2536			
Name	of Person	Area Code Daytir	me Telephone Number		
Enclosed is a check for	the following amount:				
室 \$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:		Street Address:	antion.		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63	27	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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
MGR	JOSE V FARIA	13912 SW 151ST AVE	
		MIAMI, FL 33196	≣Remove
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			□ Add
			Remove
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ffective d an effective	ate, if other than date is listed, the date	the date of fil must be specific.	ing:	ior to date of tili	ng or more than 0	(optional) L Normant to 605 0	207 (
<u>(ote:</u> If the	e date inserted in thi	s block does no	st meet the app	dicable statuto:	ry filing require	ments, this date	will not be listed	l as t
ocument's	effective date on the	e Department o	of State's recor	ds.				
record spe Lis filed.	cifies a delayed effe	ctive date, but r	not an effective	e time, at 12:0	l a.m. on the ea	rlier of: (b) T	he 90th day after t	he
ated July	24		2020					
aica		- J-	-· -	 ·				
	Toli	V Bugs	man					
-		Signature of	a member or at	thorized represe	entative of a mem	ber		
			FELIX J GUZ	****				