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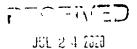
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SEP 14 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporati	ons
SUBJECT: OSCAT	Rame of Limited Liability Company
	•
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Tatiana Daza
	TDS financial Services IN
<u>Ţ</u>	516 S Dixie Hwy, Ste-6
	Lake worth FL 33460
	E-mail address: (to be used for future annual report notification)
For further information concerni	
Name of Person	Löpez at (561) 255 - 04/1 Area Code Daytime Telephone Number
Enclosed is a check for the follow	ving amount:
	0.00 Filing Fee &  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327	The state of the s
Tallahassee, FL 323	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 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 "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	<del></del>	Type of Action
MGR	Yessy K. Martinez	1103 4th AvenueN, unit Lake worth FL 33160	□Add
			Remove
		1103 5th Avenue N. Unit	_ □Change -2
MGR	Vessy K. Martinez-Antune	z Lake Worth FL 33460	_ DAdd
			Remove
			□Change
<del></del>			□Add
			□ Remove
			Change
	<del></del>		_ DAdd
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			_ Change
			_ □Add
			_ 🗆 Remove
·			_ Change

	<del></del>	
-		
an effective lote: If t	date, if other than the date of filing: 05-30-2020 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	207 I as
record sp l is filed.		he
ated	July 10th, 2020	
	July 10th, 2020.  Yessy Martine?  Signature of a member or authorized representative of a member	
	Yessy Masterna ?  Typed or printed name of signee	

Filing Fee: \$25.00