L20000151270

(Requestor's Name) (Address)	100358115111			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	01/25/2101033005 **25.08			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a			Fai - 1 - 14	
(<u>Name of the Limited Liability Company</u> a (A Florida Limited Liab	ility Company)	<u> </u>		
The Articles of Organization for this Limited Liability Company we	re filed on	06/03/2020	and	assigned
Florida document numberL20000151270				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company her	<u>re</u> :		
N/A				
The new name must be distinguishable and contain the words "Limited Liability C	Company," the de	signation "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)			207	
				2071 JJH 25
_			••	4-20
Enter new mailing address, if applicable:		N/A	ហ	in V
(Mailing address MAY BE A POST OFFICE BOX)			7.	. and
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B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our re	cords, <u>enter the</u>	e name of the	<u>new registere</u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	Finar Flori	da street address		
	Line, 1171	tore that the trees can		
	Ciw	, Flori	daZîv Co	de
	Cit		13.17. (1)	•••

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 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>	<u>Name</u>	Address	Type of Action
AMBR	JUAN CONTRERAS LOPEZ	6209 N THATCHER AV	
		TAMPA FL 33614	
			Change
AMBR	CARLOS CONTRERAS	6209 N THATCHER AV	≣ Add
		TAMPA FL 33614	
			Change
			∐Add
			□Remove
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fective da	ite, if other thai	n the date of	filing:		<u></u> .	_ (optional)	
m effective	date is listed, the date inserted in the	te must be specif	ic and cannot be pr	ior to date of filing	g or more than 90	days after filing.) Po ents, this date wi	irsuant to 605.020 Il not be listed a
cument's	effective date on t	the Department	t of State's recor	ds.			
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ecord spec is filed.	rifies a delayed ef	fective date, bu	it not an effective	e time, at 12:01	a.m. on the eart	ier of: (b) The 9	om day aner in
					S. W.	CESAR I ALA	'GN of Florida
ited	JANUAR'		2021	·		Notary Public - State Commission # Hi My Comm. Expires A	1 27938 ug 4, 2024
		// L	of a member or au		Во	nded through National	Notary Assn.
	-JU41	Signature	of a member or au	thorized represen	tative of a member	<u> </u>	
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