# 120000153896

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## **COVER LETTER**

TO: Registration Sec Division of Corp						
Division of Cor	porations	• • •				
SUBJECT: Trock STRY Nel Pauli LLC  Name of Limited Liability Company						
	/ Name of Limi	ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ndence concerning this matter t	to the following:				
Nelson Enrique Fernandez Sei795 Name of Person						
		Name of Ferson				
	Industry 1	Firm/Company				
		Firm/Company				
	224 SE 36Th	Ave				
		Address	<del>_</del>			
Homestood FL 33033 City/State and Zip Code						
		City/State and Zip Code				
Nelson-feenandezse, jas Gamail. com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Nelson E Sei jas at 305 & 696526.5  Name of Person Area Code Daytime Telephone Number						
(varie o		7.102 2022 203,4.11	ie relephone redinori			
Enclosed is a check for the following amount:						
ब्यु \$25.00 Filing Fec	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Industry Notrolli LLC  (Name of the Limited Liability Comp (A Florida Limited	· · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000153896</u> This amendment is submitted to amend the following:	y were filed on JUNE 05 - 2020, and assigned in
A. If amending name, enter the new name of the limited lial	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	224 SE 36 <sup>Th</sup> AVE  HCMCSTEOCI, FL 33033
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	224 SE 36 <sup>th</sup> AVE Homosiecol, FL 33033
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
Name of New Registered Agent:	
New Registered Office Address: 224 St	Enter Florida street address  Cool , Florida 33033  City Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

100

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	Nelson Energie Fernandez Sei	Jas Himostoad FL, 33033	₫Add
			□Remove
			<b>©</b> Change
AMBR	Ninfa Seiges Penez	229 SE 36th AVE	□Add
		Hrmostecd, FL 33033	□Remove
			<b>■</b> Change
<u>AMBR</u>	Privi Alfredo fermintz Seins	224 SE 36Th AVE	□ Add
	Homosicod FL, 33033	□ Remove	
			<b>D</b> Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 14 FINAL TIS
Signature of a member or authorized representative of a member