## L20000 176357

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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT: Buy U	Name of Limited Liability Company	
	mendment and fee(s) are submitted for fitting.  Hence concerning this matter to the following:	
	Ezechiel Descoches Name of Person	
	785 Penreylvania Ale Address	
	Fort Loudertak [FL 333]? City/State and Zip Code	
	E-mail address: (to be used for futre annual report notification)	Q9
For further information cor	neerning this matter, please call:	7
Ezechiel Desy Name of I		<u>一</u> 一
Enclosed is a check for the	Following amount:  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buy Unleryalize As	Delity Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 12000176357		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> :	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	59 59
_	, Flor	rida
	City	zip Coae

## 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>	Name	Address	Type of Action
MGR_	Ezechiel Descrathes	785 Pennsylvania Ave	<b>Ø</b> Add
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Dated <u>\Q/30/</u> ]	1070			<u>-</u> ·				
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Filing Fee: \$25.00