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D. BRUCE AUG 27 2020

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  Iterates return all correspondence concerning this matter to the following:    Maria Lorena Godoy
Maria Lorena Godoy  Name of Person  Margoes LLC  Firm/Company  35 NW 9th Avenue
Maria Lorena Godoy  Name of Person  Margoes LLC  Firm/Company  35 NW 9th Avenue  Address
Margoes LLC  Firm/Company  35 NW 9th Avenue  Address
Margoes LLC  Firm/Company  35 NW 9th Avenue  Address
Firm/Company  35 NW 9th Avenue  Address
35 NW 9th Avenue Address
Address
Homestead, FL 33030
City/State and Zip Code
milton.martinezgg@gmail.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
1ilton Martinez 305 2839169 at ( )
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Margoes LLC		ando )
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our reco	ras.)
ne Articles of Organization for this Limited Liability Company we orida document number $\frac{1.20000182659}{2.20000182659}$ .	ere filed on July 8, 2020	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabilit	y company here:	
		2021 SEC 17
e new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LI	LC" or the appreviation L.L.G.
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	<del></del>	SSS 3
_		77. 50 77. 50
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
-		
If amending the registered agent and/or registered office add ent and/or the new registered office address here:	lress on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	ress
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree	to act in this capacity. I	further agree to comply with
ovisions of all statutes relative to the proper and complete pe	erformance of my duties,	and I am familiar with and
cept the obligations of my position as registered agent as pro	11 16 1 77 . 70.	# 17 Ct 25 17 17 1

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR Nicole Martinez	Nicole Martinez	35 NW 9th Avenue	
		Homestead, FL. 33030 US	<b>■</b> Remove
			□Change
			□Add
			□Remove
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			□Change

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an effect lote: 1f	e date, if other than the date of filing:
ocumen	t's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Λ · · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Maria L Godoy
	Typed or printed name of signee