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2020 JUL 30 AM 9: 21 SECRETARY OF STATE

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## **COVER LETTER**

TO:

то:	Registration Sect Division of Corpo	orations		
SUBJE	ст. /	Papeles Y Muc	ho Mas LLC	
SUBJE	CI	Name of Limi	ted Liability Company	<del></del>
TI.		1 16.45	to the man	
The enc	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		Bart	ara Balderas Name of Person	
		Papeles >	Mucho Mas LLC	-
			Firm/Company	
		220 NE 12	TH AVE LOT 132	
		Homest	Address Pad F1 33030	
			City/State and Zip Code	
		Papele E-mail address: (1	ead F1 33030  City/State and Zip Code  S V MUCho Mas O o be used for future annual report notific	amail Coy
For furt	her information cor	ncerning this matter, please co	ıll;	
5	antiago	) Balderas	Perceat (662) 800 6	535
	Namy of I	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
<b>E</b> \$25	5.00 Filing Fee	□ \$30.00 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:		Street Address:	
	Registration Sc		Registration Sect	
	Division of Co P.O. Box 6327	•	Division of Corp The Centre of Ta	
	Tallahassee, Fl			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linhility Compai (A Florida Limited L	, , ,		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	7-12-2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			SE 202
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
	<u> </u>	321 	
		Society	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			~
			1 -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, <u>enter the name o</u>	of the new registe
Name of New Registered Agent:		··	
New Registered Office Address:		<del></del>	<del> </del>
	Enter Flo	orida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	( nj		гар Съкс

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>	Address	Type of Action
AHBR	Burbara Balderas	220 NE 12 14 AVE 132 Honested Fl	_ IZ∕Add
			□Remove
<u>AMBR</u>	Santiago Balderas		_ īD⁄Add
			□Remove
		Santiago Balderas Perez	<u> </u>
		## 1	_ [Fill ]
		SSC	_ Beemore
		STATE OF THE PERSON OF THE PER	99 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change

D. If amendi	ng any other	informati	on, enter cl	nange(s) he DDP(1)	ere: (Attac.)	h addition A M	al sheets, ij RR	f necesso	ary.)		
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Note: If the	date, if other re date is listed, the date inserted is effective dat	d in this bloo	ek does not n	neet the app	licable statu	filing or mor tory filing	e than 90 day requirement	(optional) safter fili ts, this da	a <b>l)</b> ng.) Pursu ate will n	ant to 60 ot be lis	5,0207 (3 <b>x</b> b) ted as the
f the record sprecord is filed.	ecifies a delay	ed effective	date, but not	an effective	e time, at 12	:01 а.т. оп	the earlier	of: (b)	The 90th	đay afte	er the
Dated	July.	22		202	20						
			S B	member or a	ithorized repr	esentative o	f a member		<del></del>	<del></del>	
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