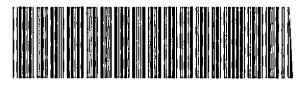
h2C CCC 221492

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100354592121

11/12/20--01029--011 ##25.0

FILED 2020 NOV 12 PH 2: 28

12/17/20

SURJECT: Garcia Cras	po Granita LLC
Ne	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	E-mail address: (to be used for future annual report notification) To have a submitted for filling. Yohandris Garcia Name of Person Firm/Company 1530 River Dr Apt Klob Address Tampa, F2 23603 City/State and Zip Code E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: Shacia and of Person at (8/3) 317 3998 Area Code Daytime Telephone Number
Please return all correspondence concerning thi	Firm/Company 1530 River Dr Apt Klob Address Tampa F2 73 66 3 City/State and Zip Code E-mail address: (to be used for future annual report notification) Part of the information concerning this matter, please call: Part of the information concerning the information conce
	Yokando'i Annaia
	Name of Person
	Firm/Company
	1530 River Dr Apt K106
t-mail	
	•
Yohandris Garcia	at (8/2) 317 · 3998
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
•	Status Certified Copy Certificate of Status & Certificate Of Status & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L2000</u> 221492	any were filed on $\frac{57/27/2020}{}$ and assig
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	1530 River Dr Apt K
(Principal office address MUST BE A STREET ADDRESS)	20
	Tampa, P2 23603 = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	:. :. :. :. :. :. :. :. :.
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new res
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address Florida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of
MGA	Yohandris Garcia	2108 W Driest St	□Add
		Tampa, FL 32607	EKemo
			Chang
AMBR	Yo hardris Garcia	1530 River Dr Apt	K106 CVAdd
		Tampa, P2 33603	□Remov
			2020 MOV
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			<u> </u>
			□Add
			□Remove
			□Change

or removed from our records:

			-117					
		 				<u> </u>		
		<u> </u>				<u>.</u>		
								
								
								<u></u>
					-		202	
						-: -:	2020 NOV	
						 :	21 V	<u> </u>
						:		-77
							2	\Box
							- 14 -	
		 					<u>ω</u>	
								
								
			-					 _
Effective date, if other than the fan effective date is listed, the date must	date of filir	1g:		CI.	(o	ptional)	.	
Note: If the date inserted in this blo	ock does not	meet the app	olicable stati	nning or more itory filing re	quirements.	this date w	ill not	be liste
document's effective date on the De	partment of	State's recor	rds.					
1 'e 11 d'e				1:01	the applian of	ነ ረ ኤ ነ - ብቼነል	oork di	ur aftar
e record specifies a delayed effective	e date, but no	n an effectiv	e time, at 12	tor a.m. on	me carner oi	: (n) The	your u	iy ancı
rd is filed.								
rd is filed.								
Dated October 08 1		. 202	D					
Dated October 08 1		. 2021	<u> </u>					
Dated October 08 j	Signature of a	202	uthorized repr	resentative of	a member			<u> </u>