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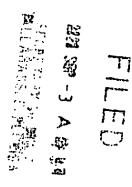
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COVER LETTER

TO:	Registration Se Division of Cor			
	JUAN DO	MINGUEZ LLC	•	
SUBJE	ЕСТ:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUAN DOMINGUEZ		
			Name of Person	
			Firm/Company	
		4519 24TH PL SW /	APT B	
			Address	
		NAPLES, FL 34116		
		YISLEIJD@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please co	all:	
JUAN	DOMINGUEZ		786 413-6512	
		· <u>v</u>	at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclos	ed is a check for th	he following amount:		
■ \$ 2	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 Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632	-	The Centre of T	
	Tallahassee. l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUAN DOMINGUEZ LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L20000231336</u>	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, enter the name of the new registere
Name of New Registered Agent:	D CT
New Registered Office Address:	
	Inter Florida street address 😽 🔀

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.

Citv

Florida_

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> AMBR	<u>Name</u> JUAN DOMINGUEZ	<u>Address</u> 4519 24TH PL SW APT B NAPLES, FL	Type of Action
AWIDK	JUAN DOMINGUEZ	34116	🖹 Add
			🗆 Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
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AUGUST 26	2020			
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Si	gnature of a member or auth	orized representative of a	member	