LZ0000246130

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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JA 1/19/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jadritec L) C
	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Javier	Name of Person
Jaries	Firm/Company
1221 SU	30th 5t Address
Cape Cor	City/State and Zip Code
E-mail address: (1	to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Sol Casanora Name of Person	at (918) 814-9343 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\to\$ S30.00 Filing Fee \$\text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 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 Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $L20002461$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADE	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	φ
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B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	Javier Lean Buitrago
New Registered Office Address:	Enter Florida street address
Co	pe Coral Florida 33914
New Registered Agent's Signature, if changing Register	City Zip Code

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	Tavier Jean Buitrago	1221 5W 30h5t Cape Caral \$1.33914	DAdd
			□Remove
			□Change
AMBR	Javier Sean Britings	1221 500 30th 54 Cape ceral 31 33914	OMAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			C) Chango

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<u>ن</u> -	and Marsing: My name is Sovier seas
R	sitrago. and Id like ito open an
5	sonk account at Bank of America
$\overline{\mathcal{E}}$	out they need my name in vihere
. 7	+ said Authorized Personal and every
\sim	where that way they can helping.
	Thank you so much for
	income the los
	gen Distance
	- Janas Warrag.
If an effect Note: If	e date, if other than the date of filing:
e record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated <u>\</u>	7 of November, 2020.
	Signature of a member or authorized representative of a member
	Tayler Buitrogo Sped or printed name of signee