LZO 000258440

(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:				

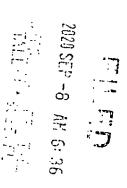
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		·	•			
SUBJECT:S	anchez wa	eks ile.				
	Name of Limi	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.				
	ondence concerning this matter (-				
	Jeremias	Sanxhez. Name of Person				
		Firm/Company				
	202 CRF4	JBCRRY IN.		<i>-</i>	2	
	BRANOW),	FI 33510 City/State and Zip Code KSIIC AT Gr		IALL &	020 SEP -	
	SpyChe 75000 E-mail address: (t	KSIIC AT Groot obe used for future annual report notification	na. L. Com		$\boldsymbol{\omega}$	
For further information	concerning this matter, please ca	dl:		[AH 6: 3	
Jerem.	of Person	at (813) 695 Area Code Daytime	- 3055 e Telephone Number	<u> </u>	<u>ه</u>	
Enclosed is a check for	the following amount:					
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy (additional copy i	Status & y		
Mailing Addre Registration		Street Address: Registration Sec	ction			
	Corporations	Division of Cor The Centre of T	porations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAUCHEZ WI	seks IIc.		
(Name of the Limited (A	Liability Company as it not Florida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited Liab Florida document number <u>LZOO</u> Z	oility Company were filed 258440	d on 8/20/20	and assigned .
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability com	pany here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET	ole:	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:		P	
(Mailing address MAY BE A POST OFFICE BE	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		n our records, enter the na	me of the new registered
agent and/of the new registered office address			
Name of New Registered Agent:	TABITHA	Perez	<u>(i)</u> on -
New Registered Office Address:	202 CPF	Perez NBCRIJ IN Enter Florida street address Florida	<u> </u>
	BRANDIN	Florida	335/0 Zin Code
	City	, , , , , , , , , , , , , , , , ,	Zip Code

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.

f 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
mod	TABILLO PETEB.	BRANDONIFI 335N	□Add
		BRANDON 1751 335N	Remove
			Change
MBR	Jeremias Souchers.	ZOZ CRANDORY IN.	FAdd
		BRONDON, FI 33510	□Remove
			☐Change
			□Add 7020 SEP □Remove □Add 6: 36 □Remove
			□Change □Add
			[] Change
			□Add
			□Remove

Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)