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1 C Tax 8 1	Notary Services	, LLC
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Yousdad A	Celoe Name of Person	
YAC Tax 8	Notary Services,	LLC
3603 Roma	ino Busciglio S	<u>`</u>
Tampa, FL Yac. taxandr	33619 City/State and Zip Code notary Services co	gmail-com
		Tication)
Celne	at (\$13) \$98-	3262
Person	Area Code Daytim	e Telephone Number
ne following amount:		
□ \$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)
	Street Address: Registration Se	ction
orporations	Division of Cor	porations
		l'allahassee e Street, Suite 810
	Name of Lim Name of Lim Amendment and fee(s) are substance concerning this matter Young dad A Young dad A Young Tampa, FL Yac. tax and r E-mail address: (Celore (Person 1 \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Yousdad A Celne Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000269550</u> .	were filed on 08 31 2020 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	Control of the state of the sta		
The new name must be distinguishable and contain the words "Limited Erabil			
Enter new principal offices address, if applicable:	3003 KOMICINO BUSCIETIO ST		
(Principal office address MUST BE A STREET ADDRESS)	3603 Romano Busciglio St Tampa, FL 33619 富丁		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3603 Romano Buscia i st Tampa, FL 33619		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee 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 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
<u>AMBR</u>	Yousdad A Ceine	3603 Romano Busciglia	<u>o S</u> † □∧dd
		Tampa, FL 33619	□Remove
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in effective o		nust be specific and block does not a	d cannot be prior meet the applic		nore than 90 days afte	ional) r tiling.) Pursuant to 605.0201 is date will not be listed as
is filed.						o) The 90th day after the
ted D	ecember	05	3020	·		
_	ecember M	Signature of a	member or author	orized representativ	c of a member	
	Yousdad	1 1 .				
	Yousdad	Amsterli	ine (o)	'nl		

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