LZO 000271649

(Requestor's Name)	
(Address)	300355578
(Address)	
(City/State/Zip/Phone #)	おこじ
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(Business Entity Name)	11/24/2001012
(Document Number)	
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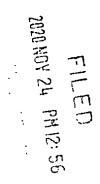


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COVER LETTER

то:	Registration Se Division of Cor			•
CUBIN		SIGNS, LLC		•
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CHRISTOPHER A. DISC	HINO, ESQ.	
			Name of Person	
			Firm/Company	
		1080 NE 92ND STREET		
			Address	
		MIAMI SHORES, FL 331	38	
		ADMIN@DSMIAMI.COM	City/State and Zip Code	
F 6 1			to be used for future annual report n	notification)
		oncerning this matter, please c		
HEATH	IER LEIGH		786 581-2542 at ()	<u></u>
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	d is a check for th	he following amount:		
≅ \$ 25	.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 Address Registration		Street Address: Registration S	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632 Tallahassee,		The Centre of	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Compa	ny as it nov	v appears on o	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number 20000271649					and assigned
This amendment is submitted to amend the followi	ng:				ہے
A. If amending name, enter the new name of the	e limited liab	ility comp	any here:		1020 HOV
N/A					_ 3
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Compan	y," the designa	tion "LLC" or the a	bbreviation #.L.C
Enter new principal offices address, if applicabl	e:	N/A			THE D
(Principal office address MUST BE A STREET A	(DDRESS)				 -
		-			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				
					
B. If amending the registered agent and/or registered agent and/or the new registered office address h		address oi	n our record	s, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	N/A				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
		E	nter Florida str	eet address	
_			-	, Florida _	
		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.

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>	<u>Address</u>	Type of Action
MGR	CRISTINA DOS PASSOS	2020 NE 153RD STREET, UNIT 102	
		NORTH MIAMI BEACH, FL 33162	🗏 Remove
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			2:5
			
fective date, if other than the d in effective date is listed, the date must b	ate of filing:	te of filing or more than 90 days after	nal) filing) Pursuant to 605 020
ite: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable:	statutory filing requirements, this	date will not be listed a
	attitude of State 3 records.		
ecord specifies a delayed effective	date, but not an effective time, s	at 12:01 a.m. on the earlier of: (b)	The 90th day after th
s filed.	, , , , , , , , , , , , , , , , , , , ,	······································	The soul day after the
NOVEMBED 6	2020		
ted	2020		
Nutair us botto Nov 9, 202	. 		
	gnature of a member or authorized		
31	Stratute of a member of aumotived	representative of a member	

. . . .

Filing Fee: \$25.00