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NOV 14 2020 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT:	1. Augusto H	loldings	LLC		
	Name of Linne	и глаонцу Сопрану			
The enclosed Articles of An	nendment and fee(s) are submi	tted for filing.			
Please return all correspond	ence concerning this matter to	the following:			
	Matthew	J Ongsiako Name of Person	<u>)</u>		
		Firm/Company		,	
	1512 SW 29+	h Ter			
		Address			
	Cape Coral, F	L 33914			
	Cape Coral, F	City/State and Zip Code M94 @ Notw December 1	Nail Col	M Nion)	
For further information cond	terning this matter, please call:		report nonne	Miony	
			G-1-2	LCL O	
Name of Pe	Ongsiako	at (Nrea Code	Daytime T	elephone Number	
				•	
Enclosed is a check for the f	ollowing amount:				
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

m. Augusto Holdin	igs LLC	E T
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000295957</u> . This amendment is submitted to amend the following:	were filed on 9 21 20	020 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Company," the designation "LI	C" or the abbreviation "L.L.C."
(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 acagent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
 	City .	Florida Zip Code
New Degistered Agent's Signature if changing Degistered Agents		

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 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
AMBR	Mattnew Ongsiako	1512 SW 29th Ter	y⊴ ∕∧dd
		Cape Coral FL 33914	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
f the record record 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 di.
Dated _	October 6th 2020
	Signature of a member or authorized representative of a member
	Matthey A. Onasiato Typed printed name of signee