LZO 000297638

(Requestor's Name)	
(Address)	300354
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/09/20
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300354793333

11/09/20--01012--025 ******25.00

R 'VH'TE.
DEC 1 5 2020

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Ciantion Nec	x Me LLC	
<u></u>	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	Trigation New Me LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Diverspondence concerning this matter to the following: Sheli Rodriguez Name of Person Firm/Company 2096 Mattany of Address Vence FL 34292 City/State and Zip Code E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Meli Rodriguez Area Code Daytime Telephone Number		
·	•	•	
	< L	eli Padaquez	
		Name of Person	
		Firm/Company	<u> </u>
		, in company	
	2096 r	nattorny or	
		AddressO	
	110	NICO E/ 3429	2
		City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Shall	Padriales	, adl , 202	-9200
Name o	f Person	at (<u>111)</u> <u>A A S</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.
₹ 325.00 Filling Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	
Tallahassee, l			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Try 1 gation Near P (Name of the Limited Liability Company (A Florida Limited Lia	ne LLC (20' -3 Fil 6: 03 as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2000029763</u> 8	ere filed on 9/31/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 address on our records, enter the name of the new registered

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Title 4MBR MGR	Luis Rodriguez	2096 Mattany of Venice, FL 34292	DAttd
			□Remove
		 	
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change

		_				
_			<u> </u>	<u>-</u>		
					<u></u>	
_	 .					
_						
						
						.
				•		
						.
						
					 	
				.		
_						
	e date, if other tha			te of tiling or more than	(optional) 90 days after filing.) Pur	signt to 605 020
<u>te:</u> lf	the date inserted in	this block does not	meet the applicable		ements, this date will	
cumen	t's effective date on	the Department of	State's records.			
card :	specifies a delayed e	effective date, but no	at an effective time	at 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
s filed		Treetive date, but it	n an effective time; a	at 12.01 a.m. on the c	and 01. (6) The 70	ar day arter the
		.14				
ted _	Novembe	25 5th	. <u>2020</u> .	1. RM		
			1/2	1 DAM		
			/ / m / n			
		Signature of a	ı member-or authorized	representative of a med	nber	