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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/n/20

TO: Registration Section Division of Corporations	
SUBJECT: Lets	Name of Limited Liability Company
The enclosed Articles of Amendment and	free(s) are submitted for filing.
Please return all correspondence concernit	ing this matter to the following:
	JIMA VAIROTIO Name of Person
<u>le</u>	AS TACO BOX BILLIA Firm/Company
740 (CArolin St Apt 301
	City/State and Zip Code
<u>18+5+11</u>	ACO box billia @ amail.com -mail address: (to be used for future angual report notification)
For further information concerning this ma	natter, please call:
Name of Person	at (H07) 272 3838 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$25.00 Filing Fee □ \$30.00 Fili Certificate	ling Fee & \$555.00 Filing Fee & \$60.00 Filing Fee, te of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

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

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

TO ARTICLES OF ORGANIZATION OF

(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L 2000300</u>	· · ·	9/23/20	and assigne
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	e designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address by	stered office address on our	records, enter the name	FILED HH : 3 The new reg
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
	(444,77)		
-	City	Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Ac
<u>Hbr</u>	John Jode	Valentin	793 Boc Circle.	UW [DV99
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Note: If the date is	other than the data listed, the date must be described in this block we date on the Depar	does not me	et the applica	to date of filing able statutory	or more than 9 filing require	(optional 0 days after filing ments, this date	g.) Pursuant to 60:
	delayed effective da	ite, but not a	n effective ti	ne, at 12:01 a	i.m. on the ea	rlier of: (b) T	he 90th day afte
e record specifies a rd is filed. DatedO	v 9th	 ,	2020	<u>></u> .			
rd is filed.	v 9th	·	2020	<u>)</u> .			