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(Ad	idress)	
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SECURITARY OF ST

LA 12/22/20

Division of Corpo	rations		
SUBJECT: <u>80</u> 0		Doming O	"LLC"
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for tiling.	
Please return all correspond	ence concerning this matter to	o the following:	
		artinez-Her	
	809 Sa	Firm/Company	30
	3174 NW		
	Miami FL		
	Pearleyes E-mail address: (to	050 Yahoo. Co be used for future annual rep	ort notification)
For further information cond	cerning this matter, please cal		,
Yulia Martin Name of Po	nez-Hernande	2 at (786) 43 Area Code	Paytime Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

809 Santo Domingo		la V	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co.	<u>w appears on our record</u> mpany)	<u>is.</u> }	
The Articles of Organization for this Limited Liability Company were filed	ion 10 27	20 a	and assigne
Florida document number <u>L 20000341535</u> .	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	oany here:		
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC	or the abbrevia	tion "L.L.C.
Enter new principal offices address, if applicable:		ω	-23
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	120 NOV
		100	2 1
			ا ت
Enter new mailing address, if applicable:		<u></u>	=
(Mailing address MAY BE A POST OFFICE BOX)	 	<u></u>	-:-
		•	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, <u>enter</u>	the name of t	<u>he new re</u>
Name of New Registered Agent:			
New Registered Office Address:			
E	nter Florida street addres	N.	
City·	, Flo	orida Zio	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to act a provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ince of my duties, ar for in Chapter 605,	id I am famili F.S. Or, if this	ar with a

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	Jesenia Cotilla	511 East 43 Street.	□Add
		Hialeah, FL 33013	BRemov
			□Change
MGR	Brunilda Perez	511 East 43 street	□Add
		Haleah FC 33013	El Remove
			□Change
			□Add
	 	□ Remov	
		□Change	
		□Add	
			□Remov
			□Chang
			DAdd
			□Remov
		□Chang	
			□Remo

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	we date, if other than the date of filing:
ne record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated_	November 10 . Zozo.
	Signature of a member or authorized representative of a member
	Yulian Martinez - Hernandez Typed or printed name of signee
	Typed or printed name of signee