L20000342908

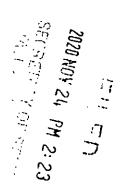
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JA.
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COVER LETTÉR

Registration Section Division of Corporations

TO:

ASSAL LO	PEZ & ASSOCIATES LLC	•		
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
		_		
riease return all correspo	indence concerning this matter	to the following:		
		GEORGE ASSAL		
		Name of Person		
	ASSAL	LOPEZ & ASSOCIATES LLC		
		Firm/Company		
		4392 SW 74 AVE		
		Address		
		MIAMI, FL 33155		
		City/State and Zip Code		
		EORGE@ASLORE.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
George Assal		786 554.80.63		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSAL LOPEZ & ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Complete Florida document number $\frac{L20000342908}{L20000342908}$.	pany were filed on 10/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	A.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
	,	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 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
MGR	RAMON LOPEZ	4392 SW 74 AVEMIAMI, FL 33155	□Add
			≣Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		Remove	
	 	Change	
		□Add	
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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<u>iNote:</u>	ive date, if other than the date of filing:
If the recor	d 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 led.
Dated	November 23rd 2020
	Signature of a member or authorized representative of a member
	George Assal
	Typed or printed name of signee