## LZ0 000 344 383

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/30/20 BH

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:(.	Name of Limit	Saseball tod Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	David	Rodrigue Name of Person	eZ
	Guer	CECO 15 Ba	seball
	351	Pash E H	to Wa Dr.
	Hialea 6B10	City/State and Zip Code  O 1 1 0 0 6  D be used for future annual re	33010 amail.com
For further information conc			port notification)
David Roc Name of Pe		at 786	340-1301  Daytime Telephone Number
Enclosed is a check for the fo	ollowing 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 Address: Registration Section

Division of Corporations P.O. Box 6327 Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guerrerois	
(Name of the Limited Liability Compan (A Florida Limited L.	ny as it now appears on our records.) sability Company)
The Articles of Organization for this Limited Liability Company villorida document number <u>L2000344383</u>	were filed on UCT 29, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	8103 NW 60 Street
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BIO3 NW 60 Street HIAMI, FL 33166
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
<del></del>	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Псеточе
			□ CE Proper FIL
			Петюую
			[clothange
			□ Add
			□ П С С С С С С С С С С С С С С С С С С
		<del> </del>	□Change
		<del></del>	□Add
			□Remove
			ПRеточе

\_\_\_\_\_ □Change

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	2020 NOV
	¥ 23
	<del></del>
ive date, if other than the date of filing:	(optional)

If the record 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

record is filed.