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O SIMMONS FEB 25 2021

COVER LETTER

SUBJECT: Name of Limited Liability Company	ration Section n of Corporations	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO CARLOS GARCIA GUZMAN Name of Person MGR Firm/Company 1105 SE 23RD PL Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM		
Please return all correspondence concerning this matter to the following: EDUARDO CARLOS GARCIA GUZMAN Name of Person MGR Firm/Company 1105 SE 23RD PL Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	Name of Limited Liability C	mpany
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Name of Person MGR Firm/Company 1105 SE 23RD PL Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	correspondence concerning this matter to the following	2:
Firm/Company 1105 SE 23RD PL Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	EDUARDO CARLOS GARCIA GUZN	AN .
Firm/Company 1105 SE 23RD PL Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	Name of	Person
Address CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	MGR	
CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	Firm/Co	npany
CAPE CORAL, FL 33990 City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	1105 SE 23RD PL	
City/State and Zip Code GUZMAN.EDUARDO72@YAHOO.COM	Add	SS
GUZMAN.EDUARDO72@YAHOO.COM	CAPE CORAL, FL 33990	
_	City/State ar	Zip Code
E-mail address: (to be used for future annual report notification)	_	
	E-mail address: (to be used for fi	ure annual report notification)
For further information concerning this matter, please call:	mation concerning this matter, please call:	
EDUARDO CARLOS GARCIA GUZMAN 818 721-1406	ARLOS GARCIA GUZMAN 81	721-1406
Name of Person Area Code Daytime Telephone Number	Name of Person Are	Code Daytime Telephone Number
Enclosed is a check for the following amount:	eck for the following amount:	
Certificate of Status Certified Copy Certificate of States (additional copy is enclosed) Certified Copy	Certificate of Status Certifi	d Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAH 25 AH 7: 08

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears (liability Company)	n our records.)
The Articles of Organization for this Limited I	iability Company	were filed on FLO	RIDA and assigne
Florida document number 1.20000380504			
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here	;
The new name must be distinguishable and contain the	xords "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
-		1105 SE 23RD PL	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE,		CAPE CORAL, F	L 33990
Enter new mailing address, if applicable:		1105 SE 23RD PL	,
(Mailing address MAY BE A POST OFFICE	BOX)	CAPE CORAL, F	L 33990
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her		-
	11383 NW 2NI	D TED	
New Registered Office Address:	203 NW 2181		i street address
	CAPE CORAL		Florida 33990
		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 Changing Registered Agent, Signature of New Registered Agent

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 = N			· ~ ar . s .	
Title	authorized Member Name	Address	2021 JAN 25 AM 7: (Type of Action
MGR	EDUARDO CARLOS GARCIA GUZMAN	1105 SE 23RD PL	District Control of the Control of t	ր ։. □ Add
		CAPE CORAL, FL		□ Remove
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Defective date.	t be specific and cannot be prior ock does not meet the application.	to date of filing or more the	(optional) nan 90 days after filing.) Pursuirements, this date will	suant to 605. not be liste
ecord specifies a delayed ne 90th day after the rec	d effective date, but not ord is filed.	an effective time	, at 12:01 a.m. on t	:he earlie
ed 01/20/2021	01:00PM			
		rized representative of a		

Page 3 of 3

Filing Fee: \$25.00