## L21000080485

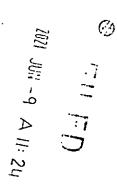
(Re	equestor's Name	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		Receive c 06/09
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2021

JOSE COBENA 238 OVERBROOK DRIVE CASSELBERRY, FL 32707

SUBJECT: JOSE GALINDO-LLC Ref. Number: L21000080485

We have received your document for JOSE GALINDO-LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00010130

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## **COVER LETTER**

Division of Corpo		•		
SUBJECT:	a Galinda -	LLC		
SUBJECT:	Name of Lim	ited Liability Company		•
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		•
	_			
	) osc (	Cobera Name of Person		
		Name of Person	***************************************	
		Firm/Company		<del></del>
	238 Over	brook Dr.		
		Address		_
	( 11	E/ 37	フクフ	
	Ugsselber	FL 32		
		Chyblate and Zip Code		
	E-mail address: (	to be used for future annual :	report notification)	-
For further information con-	cerning this matter, please c	all:		
Jose Colo	erson	at (609)	218 7958	
Name of Po	erson	Area Code	Daytime Telephone Numb	er
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	€ □ \$60.00	Filing Fee, 🧳
_	Certificate of Status	Certified Copy	Certifi	cate & Status &
		(additional copy is encl		ed Copy nal copy is enclosed) [
				Z
				٠. ١٦
Mailing Address:		Street Ad	ldress:	
Registration Sec		_	ition Section	)   : 24
Division of Cor P.O. Box 6327	porations		n of Corporations  htre of Tallahassee	Ë
Tallahassee, FL	. 32314		Monroe Street, Suite	810
,			see FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jose Galindo LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number <u>L21000080485</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited		1 .1 St. 1 79.0
The new name must be distinguishable and contain the words "Limited	Liability Company, the designation "LLC" or the abt	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</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, enter the name	of the new registere
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
<del></del>	City	Zip Code . ☐
New Registered Agent's Signature, if changing Registered Agent's		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, and I am fo t as provided for in Chapter 605, F.S. Or, (	undliar with and if <del>th</del> is document is

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 Type of Action **Address** Title Name \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Change \_\_\_\_ □Add \_\_ Change □Remove > □Remove Change □Change

□Remove

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