K21 000 105841

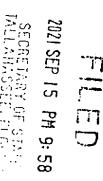
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
R & R H LL: SUBJECT:			
.,,ob.,,c1.	Name of Linu	ed Liability Company	 -
The enclosed Articles of A	omendment and feets) are subr	nitted for filing.	
	dence concerning this matter t		
	MARGARETH GUEDES		
		Name of Person	
		Firm/Company	
	2 S. BISCAYNE BLVD, 34	4TH FLOOR	
		Address	· · ·
	MIAMI, FL 33131		_
	MARGARETH_GUEDES@	City/State and Zip Code	
		o be used for future annual report notif	lication)
For further information co	ncerning this matter, please ca	ll:	
MARGARETH GUEDES	•	305 3432019 at ()	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 15 PM 10: 33

SECRETARY OF STATE TALL AHASSEE, FL. **

RARIILLC			
(Name of the Limi	ted Liability Company (A Florida Limited Lia	us it now appears on ability Company)	our records.)
The Articles of Organization for this Limited Laborida document number L21000105841	Liability Company w	vere filed on <u>03/09/2</u>	2021 and assigned
his amendment is submitted to amend the foll	lowing:		
. If amending name, enter the new name of	of the limited liabili	ity company here:	
he new name must be distinguishable and contain the	words "Limited Liability	y Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		11090 PINES BLVI	D
Mailing address MAY BE A POST OFFICE	E BOX)	PEMBROKE PINE	S
		FL 33026	
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:		ldress on our reco	rds, enter the name of the new regist
	11090 PINES BL	VD	
New Registered Office Address:		Enter Florida	street address
	PEMBROKE PIN	NES	, Florida <u>33026</u>
	 	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT D FRANCO	11090 PINES BLVD, PEMBROKE PINES, FL 33020	_ IAdd
			_ = Remove
			_ Change
			_ IAdd
			_ =Remove
			_ IChange
			_ = Add
			_ ERemove
			_ = Change
			_ TAdd
			_ = Remove
			_ = Change
			TAdd
			ZRemove
			TChange
			ZRenove
			D'Change

100% OF THE SHARES OF	THE COMPANY, ROBERT E	ANILO FRANCO MUST	BE REMOVED FROM
THE LLC COMPLETELY.			
		- 11-	
			
<u> </u>			
			
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•			
Tective date, if other than the an effective date is listed, the date must	date of filing:	tate of filing or more than 90 c	(optional) lays after (iling.) Pursuant to 605.0207
ote: If the date inserted in this blo ocument's effective date on the Do	epartment of State's records.	e statutory tiling requireme	ents, this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
is med.			
August 26	2021		

Filing Fee: \$25.00

Typed or printed name of signee