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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
Total Posta			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Octavio Barrios		
		Name of Person	
		Firm/Company	
	10903 Savannah Landing	Circle	
		Address	
	Orlando/Floroda 32832		
		City/State and Zip Code	
	burriosocta E-mail address: (to be used for future annual report notif	cation)
For further information of	concerning this matter, please c	ail:	
Octavio Barrios		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

total Postal LLC			
(Name of the Lin	ited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited		ere filed on 03/17/2021	and assigned
Florida document number L21000125399	·		
his amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited liabili	ty company here:	
Octavio Barrios Real Estate Agent LLC			
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE			
, megan office and the second			
	•		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	F ROY)		
Matting dataless MAT BE AT OST OFFICE	<u> </u>		
			~
3. If amending the registered agent and/or	registered office ad-	dress on our records, enter the na	me of the new register
gent and/or the new registered office addr		•	Ę.
Name of New Registered Agent:	Octavio Barrios		_
New Registered Office Address:	10903 Savannh La	anding Circle	Fig. 2.
The Registered Office Address.		Enter Florida street address	22
	Orlando	, Florida :	32832
		Cin	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
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ective date, if other than th	ne date of filing:	<u>. </u>	(optional)	
n effective date is listed, the date materials. If the date inserted in this cument's effective date on the	block does not meet the app	licable statutory filing i	e than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 will not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after the
ted	. 2021	·		
	AA-Part	/		

Typed or printed name of signee