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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ERIK MAGANDA SANCHEZ LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

MAY 11 2021

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERIK MAGANDA SANCHEZ LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/22/2021	and assigned
Florida document number L21000134124		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A SA
		PO P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

TEED

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
AMBR	Erik Daniel Maganda Sancez	5099 Ernst Ct	
		Orlando, FL 32819	☐ Remove
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Note: If the	te, if other than the date of filidate is listed, the date must be specific and date inserted in this block does not effective date on the Department of	meet the applicable s	of filing or more than 90 da attutory filing requiremen	( <b>optional</b> ) lys after filing.) Pursuant to outs, this date will not be I	505.0207 (3)(b) isted as the
	specifies a delayed effective day after the record is filed		effective time, at 12	2:01 a.m. on the ea	rlier of:
Dated <u>05</u>	/10	2021			
R	Likey Park	a member or authorized	representative of a member		
F	Rilev Park				

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Typed or printed name of signee

Filing Fee: \$25.00