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## **COVER LETTER**

Division of Corpo				
SUBJECT: Tue	16 Liberty LL	C		
SUBJECT:	Name of Limit	ted Liability Company		_
r The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
	ence concerning this matter t			
r lease return an correspond	ence concerning this matter i	o the tono ung.		
	Eli	el Aracha Name of Person		<u> </u>
		Firm/Company		
	1464	1 Pan Club Address	circle	<del></del>
	Junk Libert E-mail address: (1	FL 3366 City/State and Zip Code Gamal. com to be used for future annual	al report notification)	_
For further information con	cerning this matter, please ca			
Eliel Aroc	ha	at ( <u>813</u> )_	489 3615	
Name of P	erson	Area Code	Daytime Telephone Nu	moer
Enclosed is a check for the	following amount:			
S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fed Certified Copy (additional copy is e	Cert	00 Filing Fee, tificate of Status & tified Copy taional copy is enclosed)
Mailing Address:		Street .	Addres <u>s:</u>	7 - 11
Registration Se	ection	Regis	tration Section	** **
Division of Co	=		ion of Corporations Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FI			N. Monroe Street, Su	ite 810
			nassee, FL 32303	τ.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Junk Liberty L	-LC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company		and assi	gned
lorida document number <u>L 21000137036</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
774			- 1-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new	registe
igent and/or the new registered office address nere.			
Name of New Registered Agent:		<u> </u>	<del></del>
New Registered Office Address:			
	Enter Florida street address	20	$\bigcirc$
	, Florida	≃ Zij Code	<u>. i</u>
New Registered Agent's Signature, if changing Registered Agent:	•	γ -	
I hereby accept the appointment as registered agent and agre		(J)	lū with
provisions of all statutes relative to the proper and complete	performance of my duties, and I am j	Camiliar with	Fand

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 ameading 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>	Name	Address	Type of Action
MGR	Eliel Arocha		□Add
			□Remove
		From CEO to MGR	LChange
			□Add
			□Remove
			□ Change
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			□Remove
			□Change

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ve date, if o	other than the date isted, the date must be s	e of filin	g:		(optio	onal)
If the date in	serted in this block o	loes not r	neet the applicable	statutory filing rec	quirements, this	date will not be lis
ent's effectiv	e date on the Depart	ment of S	State's records.			1621
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