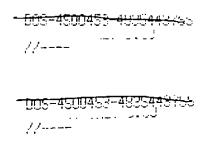
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	1y 5, C-



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COVER LETTER

ΓΟ: Registration of Division of	on Section Corporations		•
SUBJECT:	0520 VL LL		
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
	respondence concerning this matte		
	Eduardo	Fodigue & Name of Person	
		Name of Person	
		Firm/Company	
	7350 SW	Address Address	(U-200
	Mion	ni, fl 33156	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code (aroling@efbuilders.	
For further informa	E-mail address: tion concerning this matter, please	: (to be used for future annual report notific call:	cation)
Edu	uldo Rodiguez	at (_786_) 325-1	1681
N	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
X \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	ddress:	Street Address: Registration Sec	tion

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

	o VL LL	- <u>C</u>		
(<u>Name of the Limite</u>	d Liability Compan A Florida Limited Li	i <mark>y as it now appe</mark> ar lability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	ability Company v りょういろり	were filed on	04/20/202	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabili			
Enter new principal offices address, if applica	ible:	73505	w 89th stree	+
(Principal office address MUST BE A STREE)	T ADDRESS)	suite c	U-200 =L 33156	
		miomi,	=L 33156	
Enter new mailing address, if applicable:		7350 5	w 89th stree	<u>†</u>
(Mailing address MAY BE A POST OFFICE I	BOX)	Suite CV-	200	
		Miomi, F	L 33,56	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a <u>s here</u> :	ddress on our ro	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				# # Sh
New Registered Office Address:	<u>7350</u> s	W 591h J	11eet Suite	CU-200,0
		Enter Flor	ida street address	2016
	Mia	Mi	, Florida	3 1 F O
		Cïry		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 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
MBR	Eduardo A. Rodriguet	7350 SW 89th Bticet, CV-0	2_□Add
		Moni, FL 33156	Remove
			Change
MGR	Eduardo Rodriguez	7350 SW 89th Street	Madd
		Suite CU-200	□Remove
		miami, FL 33156	□Change
			DAdd
			□Remove
			Change
			Change Removed Change
			Remove -
			O Change
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

Frective date, if other than the date of filing: (optional) (opt			
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