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# Sunshine State Corporate Compliance Company

## \_3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/21/2021		**WALK IN**
2040 SA	TED DIM DD KISSIMMEE EL 34747 LLC	***************************************
ENTITY NAME 2940 SAI	LTED RIM RD KISSIMMEE FL 34747 LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	**WALK IN*
	Certified Copy	
	Certificate of Status : .	
** <i>PL</i>	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	Certificate of Good Standing	1 of \$150 px
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	DN	_
NUMBER OF CERTIFICATI	ES REQUESTED	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	,
Please call Tina at the	above number for any issues or concerns. Thank you so n	nuch!

#### **COVER LETTER**

		ation Section of Corpor				
eub ie <i>c</i>		40 Salted R	im Rd Kissimmee FL 34747	LLC		
SUBJEC'	1;		Name of Lim	ited Liability Company		•
The enclo	sed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.		
Please reti	urn all	correspond	ence concerning this matter	to the following:		
			Fabrizio Lengua			
				Name of Person		_
			ZenBusiness INC.			
				Firm/Company		_
			5511 Parkerest Dr. Suite 20	07		
				Address		
			Austin, TX 78731			
				City/State and Zip Code		_
		-	fulfillment@zenbusiness.co E-mail address: (1	m to be used for future annual	report notification)	-
For furthe	r infor	mation conc	eerning this matter, please ca	ıll:		
Fabrizio l	Lengua	ı			7-7349	
		Name of Pe	rson	at () Area Code	Daytime Telephone Numb	er
Enclosed i	is a chu	eck for the f	ollowing amount:			
\$25.0	0 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certific losed) Certific	Filing Fee, cate of Status & cd Copy nal 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**

T	0 = 3 = 4		
ARTICLES OF C	ORGANIZATION ( )		
0	F The state of the		
	ORGANIZATION  F  Inv as it now appears on our records.)  Liability Company)  OS/13/2021		
2940 Salted Rim Rd Kissimmee FL 34747 LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
(A Fiorida Limited (	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/13/2021 and assigned		
Florida document number L21000224202			
riorda document nomber			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "LLC"		
Enter new principal offices address, if applicable:	3275 South John Young Parkway STE 793		
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34746		
Enter new mailing address, if applicable:	3275 South John Young Parkway STE 793		
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34746		
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Number of October Addition			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Florida 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>	<u>Address</u>	Type of Action
AMBR	Brian Badillo	3275 South John Young Parkway STE 793	🗆 Add
		Kissimmee, FL 34746	□Remove
			Locality of the second
AMBR	Juan Badillo	3275 South John Young Parkway STE 793	🗆 Add
		Kissimmee, FL 34746	<u>in/ ∏ X</u> erion □Remove
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Brian Badillo Signature of a member or authorized representative of a member	d	. 2021	·		
Signature of a member of authorized representative of a member		Bri	an Badu	llo_	
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Filing Fee: \$25.00