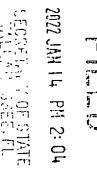
## L210000328139

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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT:	Hellanos F	Red Liability Company	· 
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
,	C	<del>-</del>	
	onouli	non Castella	2005
	·	Castella	anus Recio LCC
	J	Firm/Company	
	3903 1	Vorthdale a	Blud Suite 115-W
	Tampa,	F1 3362 City/State and Zip Code	SECRETARY T
	broker 6		errollwood com
For further information co	oncerning this matter, please ca	H:	ication) PM 2: 04
	Coclalla	729. 777	i mi ∓
Janathan Name of	(astellanus	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres		Street Address:	Stion
Registration S		Registration Sec Division of Cor	
Division of C P.O. Box 632		The Centre of T	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited 1.	ty as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2100032813</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	3903 Novindale Blud
(Principal office address MUST BE A STREET ADDRESS)	Juite 115W Tampa F1 33624
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3903 Novindale Blud Suite 115W Tampa, F133624
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 390	3 Northdole Brud Dig 1151 Enter Florida street address ZE 2
_Tam	Florida 538624  Zip Code
New Registered Agent's Signature if changing Registered Agent:	

New Registered Agent's Signature, it 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
LMBR	Cheryl Castellones	546 Merimon+ Blud. Aubum, Al 36830	
		Aubum, A1 36830	□Remove
			□Change
Ambr	Miguel Recio	171 Pintail &n APT # 1312	XAdd
		Championsbake, FL 33,896	□Remove
		SECRETALY OF STATE	Change  Change  Addi  Remove  2:
		SSFE.FL	Remove 2: Change
			□Add
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ective date, if other than the date of filing:			(opti	onal)		
effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the	ne prior to date of fi	ling or more than	90 days after	filing.) Pu s date wil	irsuant to Lnot be	5 605.020 Histed a
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Signature of a member of	or authorized rente	schlative of a met	noer			