L22000170191

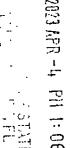
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PICK-UP	☐ WAIT	MAIL MAIL
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Special Instructions to	Filing Officer:	

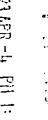
Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: 2215 Laud	ardale Court UC
	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.
Please return all correspondence concerning	
	Magdalena Coprys.
	Firm/Company
401	1 W. Flager St. Ste-406
	City/State and Zip Code Info C serving immigrants com il address: (to be used 18r future annual report notification)
E-ma	info C servingimming ratiscam ill address: (to be used for future annual report notification)
For further information concerning this matte	er, please call:
Magdalena Cuprys Name of Person	at (305) 924-1133 F3 00 On Area Code Daytime Telephone Number 177
Enclosed is a check for the following amount	:
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallukasasa FI 10013

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2215 Lau		LIC	
(<u>Name of the Limited I</u> (A f	jability Company as it now a forida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L22000170191</u>			2 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability compan	y here:	
The new name must be distinguishable and contain the words	"Limited Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		. ~
			3. 3
		3	
Enter new mailing address, if applicable:			1 2 2
(Mailing address MAY BE A POST OFFICE BOX			; -0 .:!
			ion _ resi
		!	06
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on ou re:	ir records, <u>enter the na</u> i	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
<u> </u>		, 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 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
MGR	Magdalena Cuprys	4011 W. Flagler St.	□Add
		ste . 406	□Remove
		Miami, FL 38134	D'Change
		-	□Add
			□Remove
			□Change
			Add Remove
		:. - - -	Change
			□Remove
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TOP. At 1 A	f other than the d s listed, the date must l inserted in this bloc tive date on the Dep	be specific and ck does not n	l cannot be prior a	abie stanitory ti	r more than 90 d ling requireme	_ (optional ays after filin ents, this dat	´	nt to 605 t be liste	.0207 ed as
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