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## **COVER LETTER**

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TO: Registration Se Division of Cor					
SUBJECT:	entral Florida S	Jogoase Solution	116		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rud	Name of Person  The Company	28		
	k in cinna	o Fl. 34746	The Telephone Number    S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	/	City/State and Zip Code			
	2522 A venport Circle  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:				
For further information c	oncerning this matter, please c	all:			
Juan O. L.	クレて Person	at ( <u>#07</u> ) <u>255 -</u> Area Code Daytime	$^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$		
Enclosed is a check for th	CCT:				
¥ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Registration S	Section	Registration Sect			
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Juan O. Lopez Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida \_\_

## 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.

City

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan O. Laper	2522 Devenport Circle Kissimmee FL. 34746	Œ∕Add
		Kissimmee FL. 34746	□Remove
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ective date, if other than the date of filing:	ng or more than 90 days after filing.) Pursuar ry filing requirements, this date will not	t be listed as
scord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	i a.m. on the earlier of: (b) I he with d	ay after the
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