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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporation:			
SUBJECT: <u>Siemp</u>	ore Frese Name of Limite	od LLC.	<del> </del>
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	Pagdiel Pa	erez Zodrige Name of Person	107.
		Firm/Company	
_6_	230 No	doe Road Address	
	Brooksvill	City/State and Zip Code  7 9 D JAhoo. Co be used for future annual report notifi	
<u> </u>	E-infill address: (to	be used for future annual report notifi	cution)
For further information concerning	this matter, please call	:	
Magdiel Perez Name of Person	Rodrigue:	7_at ( <u>786)</u> <u>235-</u> Area Code Daytime	9679 Telephone Number
Enclosed is a check for the followi	ng amount:		
<del>-</del>	0.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Sec	
Division of Corporati	ons	Division of Corp	orations

Division of Corporations The Centre of Tallahassee 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 L	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $01/35/3033$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6501 W Hillsborovgh Ave TAMPA, FL 33634.
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33634.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new-registered</u>
Name of Name Descriptored Against	; :
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
	City Zup Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and or orovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
<u>AMB</u> R	Magdiel Perez Rodrigue	ez 6730 Nodoc Road Brooksville FL, 34609.	□Add
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ctive date.	if other than the date	of filing:	01/08/		(optional)	
	is listed, the date must be spanserted in this block d					
ument's effec	ctive date on the Departi	nent of State's	records.			
	s a delayed effective date	i, but not an eff	ective time, at 12:	01 a.m. on the ea	rlier of: (b) The 9	0th day after the
s filed.						
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ed	<u>Anvary</u>	·a	70 <del>7</del> 7			
	/					
	Signa	iture of a member	or authorized repre	esentative of a mem	ber	

Filing Fee: \$25.00