L10000 106468

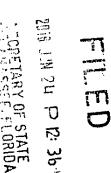
(Red	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FADL, LLC	C		
30B0EC1.	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	•	
	LILIANA B. RANCATI		
		Name of Person	
	FADL, LLC		
		Firm/Company	
	20200 W COUNTRY CLI	UB DR, APT. #109	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	danielserrano1958@gmail.	com to be used for future annual report notifi	Contract
For further information co	oncerning this matter, please c	·	
LILIANA RANCATI		786 487-0643	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FADL, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document numberL10000106468		and assigned
This amendment is submitted to amend the following	5.	
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r ioriaa sireei daaress	
	, Flor	ida
	٠٠٠,١	-4.0000

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 Age

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
MGR	GABRIELA VARELA	2450 NE MIAMI GARDENS DR.	
		SECOND FLOOR	■ Remove
		NORTH MIAMI BCH, FL 33180	☐ Change
			
			Remove
			☐ Change
			Add
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etive date, if other than the effective date is listed, the date must	t be specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.	) Pursuant to 605.02
If the date inserted in this bloment's effective date on the De		ble statutory filing requir	rements, this date	will not be listed
	l effective date, but not	an effective time, a	at 12:01 a.m.	on the earlier
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Page 3 of 3

Filing Fee: \$25.00