L13000055753

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2013

ALINA MAYEROS 3070 NW 16TH ST MIAMI, FL 33125

SUBJECT: 180 HOLDINGS, LLC Ref. Number: L13000055753

We have received your document for 180 HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 213A00017885

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COVER LETTER

Division of Corporations
SUBJECT:Name of Limited Liability Company
Name of Entitled Brabinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alivy Mayeros Name of Person
140 Holding CCC Firm/Company
17811 NW 12cT
Miami Cardens 17 33/69
City/State and Zip Code AGENT ACME 43 LOCAMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at ()86, 443 5260 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

180 Holding	LLC
(Name of the Limited Liability Compa (A Florida Limited V	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>613,000</u> 55753.	were filed on <u>D4/16/13</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	17811 NW 12cT
(Principal office address MUST BE A STREET ADDRESS)	Miami Cardens FL 33/69
Enter new mailing address, if applicable:	178 // NW 12:57 War Conden FL 3365
(Mailing address MAY BE A POST OFFICE BOX)	Milan Coadan FL 3769
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address 5. Florida 5. F
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ES F. C
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	Angelica Rep	ollet 1701 NW	27/Ave Add
		#20	Remove
		Address 5/(e+ 1701 NW #20 Miami FL 3	31 <u>25.</u>
			Add
			Remove
			Add
			Remove
			Add
			Remove
			And GAdd
			Remove.
			OF Remove,
			Add
			Remove

If,amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	
ed 🗍	uly 30, 20/3,
	Signature of a member or authorized representative of a member
	Aling Mayeros Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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