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(Requ	uestor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	au Florida LLC		
Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.		
Please return all correspo	condence concerning this matter to the following:		
	Ricardo Resino		
	Name of Person	_	
	Firm/Company	-	
,	8004 NW 154 Street #117	_	
	Address		
	Miami Lakes, FL 33016	_	
	City/State and Zip Code ricusar@gmail.com		
	E-mail address: (to be used for future annual report notification)	•	
For further information of	concerning this matter, please call:		
Ricardo Resino	305 300-0597		
Name o	of Person Area Code Daytime Telephone Numb	ег	
Enclosed is a check for the	the following amount:		
\$25.00 Filing Fee	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy all copy is enclosed)	
Registi Divisio P.O. B	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallaharana FL 32301	region à	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
by were filed on $\frac{08/15/2016}{}$ and a	ssigned
bility company here:	
bility Company," the designation "LLC" or the abbreviation "	L.L.C."
<u>,</u>	<u>. </u>
	
office address on our records, <u>enter the name</u> ere:	e of the nev
Enter Florida street address	
, Florida	
t t	bility company here: bility Company," the designation "LLC" or the abbreviation " bility Company," the designation "LLC" or the abbreviation " bility Company," the designation "LLC" or the abbreviation " bility Company," the designation "LLC" or the abbreviation " bility Company," the designation "LLC" or the abbreviation " bility Company, " the designation "LLC" or the abbreviation " bility Company, " the designation "LLC" or the abbreviation " bility Company, " the designation "LLC" or the abbreviation " bility Company, " the designation abbreviation " bility Company, " the designation abbreviation " bility Company, " the designation abbreviation

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 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>	Name	Address	Type of Action
MGRM	Maria Fernanda Vallecillos	8004 NW 154 Street #117	
		Miami Lakes, FL 33016	■ Remove
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			□ Add
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lf an effe Note:	ective date is lis If the date ins	ther than the date of sted, the date must be special serted in this block does to date on the Department	fic and cannot be prior to dat not meet the applicable s	e of filing or more than statutory filing requir	(optional) 90 days after filing. ements, this date) Pursuant to 605.	0207 d as
		es a delayed effect after the record is f	ive date, but not an iled.	effective time, a	t 12:01 a.m.	on the earlie	r of
Dated _	November 18	·	, 20/6				
		Signature	e of a member of authorized	representative of a mer	nber		
			aruo Relino				
		پر ار د	Typed or printed nam				

Page 3 of 3

Filing Fee: \$25.00