## 150000 22047

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JUN - 1: 2019
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## **COVER LETTER**

TO: Registration Se Division of Cor		-	
SUBJECT: 184	III NW 30A	VE LLC	
	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitt	ed for filing.	
Please return all correspo	ondence concerning this matter to the	ne following:	
	<u>leticia</u> R	Name of Person	AND LIFE CO. 1
	18411 NW ?	Firm/Company	
	17620 NW 9	Address'	
	Miami Garder	S PL 3316	9
	Ruiz. Léticia 3	2@ yahoo, com e used for future annual report notif	fication)
For further information c	concerning this matter, please call;	'	
leticia	Ruiz	a (766) 346-	86.65
Name (	of Person	Area Code Dayting	e Telephone Number
Enclosed is a check for t	he 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
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18411 NW 30 Ave (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1500022047	11 -	5_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	WA	2:19 MHY
B. If amending the registered agent and/or registered of	fice address on our records, enter	
registered agent and/or the new registered office address here		70
Name of New Registered Agent:	į.	
New Registered Office Address:	NA	<u> </u>
	Enter Florida street address	
	, Florida _	Zip Code
	City	гір Сөпе
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office	performance of my duties, and I am rovided for in Chapter 605, F.S. Ot	familiar with and r, if this document is

company has been notified in writing of this change,

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Buiz yamila	17620 NW 8 AVE	🗆 Add
	Û	Higmi Gardens, A 33169	Remove
			Change
	/		Add
			🗆 Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
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		(	D Add
			Remove
	···		
			Remove
			_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde

or removed from our records:

). If amending any other information, enter change	s) nere: (Allach adallional sneets, y necessary.)
	<del></del>
. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot	be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effective date, lo) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated 05 15	2/9
RoseQL	
	or authorized representative of a member
l'Eticia Ruiz -	
Typed	or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00