

**L1500037098**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000172828 3)))



H19000172828JABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : R&P ACCOUNTING AND TAXES INC  
 Account Number : 120170000090  
 Phone : (305)358-1310  
 Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: and8723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LAN 413, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

2019-05-30 PM 1:04

FILED  
 MAY 30 AM 9:38  
 19

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LAN 413, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/27/2019 and assigned Florida document number 115000037098.

This amendment is submitted to amend the following:

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

FILED  
MAY 30 AM 9:38  
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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> | <u>Name</u>     | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-----------------|--------------------------|--|
| MGR          | GONZALO ORDONEZ | 150 SE 2ND AVE SUITE 404 | <input checked="" type="checkbox"/> Add    |
|              |                 | MIAMI, FL 33131          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input checked="" type="checkbox"/> Change |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |

FILED  
 MAY 30 AM 9:38  
 13055036701

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

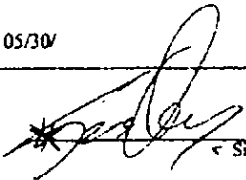
\_\_\_\_\_

19  
MAY 30 AM 9:38  
FILED

E. 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 (3)(b)  
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated 05/30, 2019



Signature of a member or authorized representative of a member

GONZALO ORDONEZ

Typed or printed name of signer