47000/03/33

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Otales Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Name of Limit	bottle opener	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
-	Vicente	Firnan 202 Name of Person	
-	My c.vs	fim/Company	c
-		Address	
-	cutler ba	City/State and Zip Code by ffle opener (4) 3 n to be used for future annual report notifies	ail can
	E-mail address: (t	to be used for future annual report notif	ication)
For further information conce	rning this matter, please ca	all:	
Vicente Fern. Name of Per	on dez	at (305) 300 88 Area Code Daytime	2-2- e Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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

My custom both	re obser			
(Mame of the Limited Limited Limited Limited	any as it now appears on ou Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000103133</u> .			nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words *Limited Liat	oility Company," the designat	ion "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			1 2	
Estas sur mailing address if applicables			HAY 29	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			20 Sec.	:
	<u> </u>		84 35	—
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our	records, enter the	name of th	e nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
		Florida		
	City	Zi _j	o 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>	Address	Type of Action
Juner	Vicente Fernandez	21479 SW 87 ct	ZAdd
		21479 SW 87 ct Cutler Bay FL. 33189	
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			Remove
			Change
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ctive date, if other (than the date of filing:		(optional)	
effective date is listed, th	e date must be specific and cannot be prior in this block does not meet the applic		days after filing.) Pursuant to	
	on the Department of State's records		nems, my date will not be	noted
	delayed effective date, but no	ot an effective time, at	12:01 a.m. on the ea	rlier
ie sotii day aiter	the record is filed.			
ed				
	26	<u> </u>		
	11-11-1			
		orized representative of a memb		_

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Filing Fee: \$25.00