## 700200741

(Requestor's Name)  (Address)	200304138
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	10/10/170103300
Certified Copies Certificates of Status	SEGRE ART OF STATE FALL AHASSEE, FLORIDA
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## **COVER LETTER**

TO: Registration Division of C			
SERRAC SUBJECT:	OOL C.A. LLC		
sonjec1	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alberto J Serrano Guzmar	1	
		Name of Person	
	SERRACOOL C.A. LEC		
		Firm/Company	
	632 Southwest 4th Street		
		Address	
	Hallandale Fl 33009		
		City/State and Zip Code	
	edith@keepingyourbook.co		
		to be used for future annual report notif	(cation)
For further information	concerning this matter, please e	all:	
Edith Vargas		786 651-1290	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
MA	ILING ADDRESS:	STREET/COURD	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

(Norman Falsa I institut I institut Committee (Norman I institut Committee (Norman I institut I ins		
(A Florida Limite	pany as it now appears or d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000200747</u>	ny were filed on <u>09/27/</u>	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	nation "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)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he have a property of the New Registered Agent:	office address on or	ır records, <u>enter the name of the ne</u>
New Registered Office Address:		
New Registered Office Address:	Enter Florida	
New Registered Office Address:		
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agen	City	. Florida Zip Code

Page 1 of 3

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patricia Aguado	632 Southwest 4th Street Hallanda	
			■ Remove
		<del></del>	□ Change
			Add
			Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			Change
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			□ Remove
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			Change
			Remove C
			FILED 10 open 10 open 10 open 10 open 10 open 10 open 10 open 10 open

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
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		<del></del>	<u> </u>
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(If an et <u>Note:</u> docur f the re	decrive date, if other than the date of filing:  [coption fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to the date inserted in this block does not meet the applicable statutory filing requirements, this nent's effective date on the Department of State's records.  [cord specifies a delayed effective date, but not an effective time, at 12:01 at a 90th day after the record is filed.	illing) Pursuant to o date will not be l	isted as the
Dated	October 05 2017		
	Alberto Scraus	SE CALL	<b>4</b>
	/Signature of a member of authorized representative of a member  Alberto J Serrano Guzman	SSAHE TANK	FILED
	Typed or printed name of signee	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	= ITI
		ادار( S:3!	<u> </u>
	Page 3 of 3	AGIA STE	

Filing Fee: \$25.00