118000)51162

(1	Requestor's Name)	
(,	Address)	
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SECRETARY OF STATE
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COVER LETTER

	egistration Selivision of Corp		-	
SUBJECT	AGUICHEI			
ODD EC			ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ndence concerning this matter	to the following:	
		FABIO L AGUIAR		
			Name of Person	
		Name of Limited Liability Company Interded the company of Limited Liability Company Interded the company of the concerning this matter to the following: FABIO L AGUIAR Name of Person AGUICHER LLC Firm/Company 18851 NE 29th AVE FLOOR 7 Address AVENTURA FL 33180 City/State and Zip Code If-mail address: (to be used for future annual report notification) Terming this matter, please call: at (
		 	Firm/Company	
		18851 NE 29th AVE FLOO	OR 7	
			Address	, <u>-</u>
		AVENTURA FL 33180		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
FABIO L				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

AGUICHER 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 02/26/2018 and assigned Florida document number ______18000051162 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 most 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) 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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>	Type of Action
MGR	TAMMY C CORREA AGUIAR	18851 NE 29TH AVE FLOOR 7	
		AVENTURA, FL 33180	Remove
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FABIO L AGUIAR 80%		<u> </u>		
TAMMY C. CORREA AGUIA				
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ote: If the date inserted in this block	does not meet the applical	o date of filing or more tha ble statutory filing requ	n 90 days after filing.) Pr irements, this date wil	irsuant to 605,02 I not be listed
ocument's effective date on the Depa	tment of State's records.			
record specifies a delayed e	fective date, but not	an effective time.	at 12:01 a.m. on	the earlier
The 90th day after the record		-	2. 12.02 0 0	tile camer
MARCH 15	2018			
		- ·		
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Page 3 of 3

Filing Fee: \$25.00