## 118 0000 79003

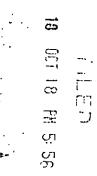
<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900319766829

10/18/18--01023--030 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: 1 TO	CNE FROPEF Name of Limit	RTY SOLUTIONS ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	ILARIA 1	ROMANO Name of Person	<del></del>
	MI AMPG	TERNATIONAL LLC Firm/Company	- -
	635S_LA	CESTA TIRILE AF	<del>Τ Ε</del>
	BCCA RATO	N Ft 33433 City/State and Zip Code	
	ILAROM 76 E-mail address: (to	6 © CMAIL COM o be used for future annual report not	fication)
For further information conc	cerning this matter, please ca	ili:	
ILARIA ROND Name of Pe	₩©	at (305) 3325 Area Code Daytini	Telephone Number
Enclosed is a check for the f	following amount:		
- S25.00 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 cupy 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

م. دی

LTO ONE POORERT	1 Selverals IIC
(Name of the Limited Linbility (A Florida	Company as it now appears on our records.)  Company (Company)
The Articles of Organization for this Limited Liability Co	
Florida document number <u>L1800CO 19 CO 3</u>	- 55 55
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	GLERIA PASCUAL : WILLINGER
(Principal office address MUST BE A STREET ADDRI	ESS) 2875 NE 1915 # 302
	AVENTURA FL 33180
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the new
Name of New Registered Agent: Cit C	RIA PASCUAL WILLINGER
New Registered Office Address: 281	5 NE 191 St # 36.2 Enter Florida street address
_Aut	City . Flortda 3318C

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
MGR	ANCIELA LAMANTIA	FOR W PALHETTO PORK RD# 210	
		BUCA RATION FL 33433	Remove
			Change
			□ Add
			D.Remove
		,	Change."
			Addin
			∑ Remove
			🗆 Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			_□ Remove
			☐ Change

-										·	
						<del></del>					
<del></del> -								•			
							_		· · · ·		
										9	) )
											<u>.</u> .
	, <del></del>			· · · · · · · · · · · · · · · · · · ·							-0
	·*····								<del>-</del>		15. 15.
										3"	් 
			<del></del> ,.	· <del>-</del> ··						-	
			-	******							<u></u> -
-		·						<del></del>	···		
E. Effective	e date, if other tive date is listed, t	than the d	ate of fili	ing:				(o	ptional)		
(If an effect Note: If	tive date is listed, the date inserted	the date must b	e specific a k does no	and cannot t meet the	t be prior t e anolica	o date of fi ble statute	ling or more or ory filing re	dan 90 days a quirements,	fter filing. this date	) Pursuan will not	it to 605.0 be fisted
documen	t's effective dat	te on the Dep	artment o	f State's	records.		, ,				
If the reco	rd specifies a Oth day afte	a delayed o	effective	e date, d.	but not	an effe	ctive tim	e, at 12:0	1 a.m.	on the	earlier
(0)	50. 4 <b>5</b> , 474										
Dated	09/25	2018									
		0									
		-11-		a mamba	c or autho	rized repre	sentative of	member			

Page 3 of 3

Filing Fee: \$25.00