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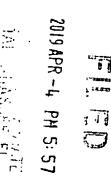
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

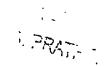
Office Use Only



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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJI	ECT:	ABELS RC Name of Limit	H LLC Red Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	ence concerning this matter t	o the following:	
		Reggie	Luis Charl Name of Person	c >
		A	DELS RCH LLC Firm/Company	
		11960 NE 16	th Ave # 201	
		Miami	FC 33[6] City/State and Zip Code	
		Vero_UIS i	97-02 @yahoo. o be used for future annual report notific	cation)
		cerning this matter, please ca		4
Re	ggie Luis Name of P	Charles Jerson	at (305) <u>B429</u> Area Code Daytime	472/305 457 7468 Telephone Number
Enclos	ed is a check for the	following amount:		
□ S2	5.00 Filing Fee	Ocertificate 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)

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**

Ancis PCH	110.			5 5 6 1
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)		نې کې
ADEUS RCH (Name of the Limited Liability Compaction for this Liability Compactio	any were filed on <u>Oc</u>	2/27/2010	and assign	58 led
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	signation "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			<u>.</u>	
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		our records, enter	the name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floric	da street address		
	City	Florida	Zin Coda	
New Registered Agent's Signature, if changing Registered Age	•		7.47 C OUC	
				الدالث
I hereby accept the appointment as registered agent and	agree to act in this co	apacity, i further ag	gree to comply	wun th

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>	Name	Address	Type of Action
AMBR_	Reggie Luis Cha	1960 NE 16th Ave # 201 Miami, FL 33161	
			Remove
			Change
AMBR	Mana Veronica Lois	1960 NE 16th De #201 Miami, FC 33161	🗆 Add
			Remove
			Change
MGR	Mitchel Zipper	11685 Canal Drive #	LO3/
		N. Miami, FL 33181	Remove
			Change
MGR	Danilo Rogers	1481 NE Miami forders	OR Add
	J	Ap+ # 363	□ Remove
		N. Miami, FL 33179	☐ Change
MGR	Bienvenido Scrogins	9875 Park Drive	_DAdd
		Miami Shors, FL 33/3	8 □ Remove
			☐ Change
		 	🗀 Add
			_ □ Remove
			□ Change

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an effective date is listed, the date must be	te of filing:(o) specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements,	ifter filing.) Pursuant to 6	
ocument's effective date on the Depar			
e record specifies a delayed ef The 90th day after the record	ffective date, but not an effective time, at 12:0 is filed.	1 a.m. on the ea	rlier o
Apil A	201a	2019 . Th	
ated April 1	<u> </u>	IAPF	1
	Sacus Juinatury of a member or authorized representative of a member	2019 APR -4 PM 5	1. 1721 1732 1
Sig	nature of a member or authorized representative of a member		j V
	Maria Luis	PH 5:	يعن
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Page 3 of 3

Filing Fee: \$25.00