

L19000 210 002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

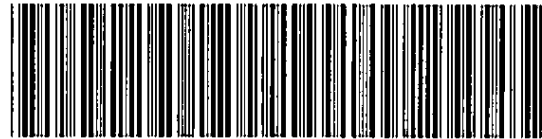
(Business Entity Name)

(Document Number)

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09/23/19--01012--035 **25.00

2019 SEP 23 AM 9:15
FILED
CLERK OF SUPERIOR COURT
MASSACHUSETTS

CLERK OF SUPERIOR COURT
MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eighteen Eighty LLC
Name of Limited Liability Company

2018 SEP 23 AM 9:19
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Londono

Name of Person

Money Trust Income Taxes

Firm/Company

12211 SW 132nd Ct

Address

Miami, FL 33186

City/State and Zip Code

sandra@moneytrustax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Londono

305

9620791

at ()

Name of Person

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)

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**

Eighteen Eighty 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 August 16, 2019 and assigned
Florida document number L19000210002

2019 SEP 23 AM 9:19
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must 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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pilar Rivera		<input type="checkbox"/> Add
		Calle dos hermanos 168 E5 Parada 19 San Juan PR 00907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriel Olavarria		<input type="checkbox"/> Add
		Calles dos hermanos 168 E5 Parada 19 San Juan PR 00907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

n/a

L. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific to the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 16 2019

Cynthia Olavarria

Page 3 of 3

Filing Fee: \$25.00