

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H200002994963)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : 120200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

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C. GOLDEN

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on a Jiability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company lorida document number	were filed on 03/03/20	20 and assigned	
his amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	15805 BISCAYNE B	LVD STE 201	
Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33160		
Inter new mailing address, if applicable:	15805 BISCAYNE BLVD STE 201		
Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33160		
) If amonding the registered agent and/or registered office 8	address on our record	s, enter the name of the new regist	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our record	s, enter the name of the new regist	
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gent and/or the new registered office address here:	eddress on our record	· .	
Name of New Registered Agent:	Enter Florida str	sel address , Florida	
Name of New Registered Agent:  New Registered Office Address:	-	set address	
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida str City	nel address , Florida Zip Code	
Name of New Registered Agent:	Enter Florida str Cuy ee to act in this capac performance of my d provided for in Chapt	set address, Florida Zip Code  sity. I further agree to comply with uties, and I am familiar with and er 605, F.S. Or, if this document is	
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as properties of the properties	Enter Florida str Cuy ee to act in this capac performance of my d provided for in Chapt	set address, Florida Zip Code  sity. I further agree to comply with uties, and I am familiar with and er 605, F.S. Or, if this document is	

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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
MGR	BEZERRA, ANA K	13505 NE 21ST CT	add
		NORTH MIAMI, FL 33181	Remove
	•		Change
MGR	RAFAGNIN RODRIGUES, ANA C	15805 BISCAYNE BLVD STE 201	
		AVENTURA, FL 33065	□Remove
AMBR	RK INTERNATIONAL GROUP INC	15805 BISCAYNE BLVD STE 201	□Add
		AVENTURA, FL 33065	□Remove
			■Change
			□Add
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is filed.	00 4 40.4, 00 4	,				-
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ited	ST 27TH		-,	_ ·		
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	JAN 1	Signature of	a member or author	ized representative	of a member	

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