

h20 000153103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

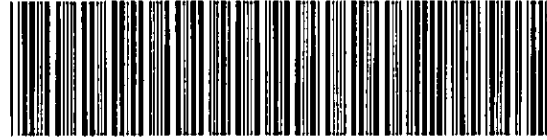
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APR 19 2021

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21 APR 19 AM 11:44
MICHIGAN DEPARTMENT OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APARICIO PASCUAL ASOCIADOS, LLC.

(Name of the Limited Liability Company as it now appears on our records) 21 APR 16 AM 11:44
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2020 and assigned
Florida document number L20000153103.

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 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:

1200 ANASTASIA AV SUITE 412

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

1200 ANASTASIA AV SUITE 412

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES FL 33134

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:

PASCUAL DOMINGUEZ, MONICA

New Registered Office Address:

1200 Anastasia Av suite 412

Enter Florida street address

Coral Gables

Florida

33134

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.

DocuSigned by:

MONICA PASCUAL DOMINGUEZ

FS03B8F804D0492

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

21 APR 19 AM 11:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	MÓNICA PASCUAL DOMINGUEZ	C/ ZUJAR 16. 28320 MADRID SPAIN	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

STATE OF FLORIDA
DEPARTMENT OF STATE

21 APR 19 AM 11:44

Lined area for amending information.

04/05/2021

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

MIAMI FL APRIL 5 2021

Dated _____

DocuSigned by:
MÓNICA PASCUAL DOMÍNGUEZ
Signature of a member or authorized representative of a member

AUTHORIZED MEMBER MÓNICA PASCUAL DOMÍNGUEZ

Typed or printed name of signee