114000176233

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SECULIA S. PRATHER

COVER LETTER

LLC

	egistration Sectivision of Corp					
SUBJECT	Zac	TW/OSTV Name of Limit	MCN-\S ited Liability Company		S CF	Panama
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspond	dence concerning this matter	to the following:			
		Andr	Name of Person	amudic)	-
		.Zac In	YPS+MPr Firm/Company	172 Ar	set of	= Panare
			U 152 S Address			
		Miam	, - F1	3317	7	
•	7	CCIMIPST ME E-mail address: (1)	City/State and Zip C PN+S a SFe to be used for future an	ode ody ody nual report notificati	mail	· (cm
For further		ncerning this matter, please ca				
<u></u>	Name of F	Zamudio Person	at (-\d\) Area Code	28160 Daytime Tele	2.6	<u>.</u> т
Enclosed is	s a check for the	following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & • Certificate of Status	S55.00 Filing l Certified Cop (additional copy	y	Certified	ate of Status &

MAILING ADDRESS:

TO:

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

The Articles of Organization for this Limited Liability Company were filed on 1113 Florida document number <u>114000176.233</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida City

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
MBR	Juse A. Rominez	13727 SW 1525+ #347	DCAdd
٠		Hiami F1 33177	Remove
			Change
+MBR	Yudith Perez	13727 SW 1525+ #343	E_□ Add
•		13727 SW 1525+ #347 14'MM F1 33177	Remove
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ote: If the	date, if other than the date of filing: 20/8 date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing require effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
record s The 90th	specifies a delayed effective date, but not an effective time, and day after the record is filed.	t 12:01 a.m. on the earlier o
ited	6/30/18	·
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_	Signature of a member or authorized representative of a men	
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Filing Fee: \$25.00