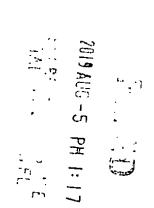
L17000141860

Office Use Only



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R. WHITE AUG 0 8 2019

COVER LETTER

Div	ision of Cor	porations	•					
SUBJECT:	WARMY L							
		Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		JESUS LEON						
			Name of Person					
		SACONSA GROUP LL	С					
			Firm/Company					
	7950NW 53RD STREET SUITE 337							
			Address					
		MIAMI FL 33166						
		JESUS@TAXTEAMM.C	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)							
For further i	nformation c	oncerning this matter, please c	all:					
JESUS LE	ON		917 9466502					
<u> </u>	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed is	a check for th	ne following amount:						
\$25.001	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:

TO:

Registration Section .

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

[70		-		
4	•	٠	~	

WARMY LLC	2019 AUG - 5 PM 1: 17
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L17000141860	pany were filed on 06/30/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, enter the name of the s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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 tiprovisions 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.

City

If Changing Registered Agent, Signature of New Registered Agent

7ip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
MGR	DUARTE NUAEZ, JORGE	11002 NW 47th TER	
		Doral Florida	■ Remove
		331)8	Change
MGR	CASTELLI MISA, FERNANDO	MOOZNW GATHTER	🗆 Add
		Dowsl Floring.	🖶 Remove
		33177	Change
		 	Add
			Remove
			Change
			🗆 Remove
			☐ Change
			□ Remove
			Change
			🗖 Add
•			Remove
			□ Change

	<u> </u>		
			
			
	<u> </u>		
			
		 	
			
			
Effective date, if other than the d (If an effective date is listed, the date must be	ate of filing:	o date of filing or more than 90 days after	onal) : filing) Pursuant to 605 0207 (3)
Note: If the date inserted in this bloc	k does not meet the applica	ble statutory filing requirements, this	s date will not be listed as the
document's effective date on the Dep	artment of State's records.		
the record specifies a delayed		an effective time, at 12:01 a	a.m. on the earlier of:
o) The 90th day after the recor	d is filed.		
II II 🗸 10	2019		
Dated JULY, 10		<u></u> .	
- Charle	ignature of a member or author	rized representative of a member	
To the second se	Surface of a member of addition	near representative of a memoer	
MAUAD RODRIGUEZ,	CAMILA		
	Typed or printer	d name of signee	

D. Hamending any other information, enter change(s) here: (Attach daditional sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00