10/23/2019



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(((H190003140943)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TORRES & VADILLO, LIP

Account Number : I20150000038 ; (305)485-97<del>00</del> ; (305)436-0191 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Fore- only one email address please.\*\*

Ensil Address: Corporationsa

 $\Box$ 100 Bud

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOS 3 J LLC

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Ol	P 2019 OCT 23 P 2-45
LOS 3 J LLC	See Caryon Final
(Name of the Limited Liability Compan	y as it now appears on our records.
	5/17/19
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NA	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3601 NE 207 Street
(Principal office address MUST BE A STREET ADDRESS)	Apto. 1102
	Aventura, FZ 33180
Enter new mailing address, if applicable:	3601 NE 207 Street
(Mailing address MAY BE A POST OFFICE BOX)	Anoto. 1102
	Aventura FL 33180
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu 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 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 mereby reflect a change in the registered affice address. I horoby confirm that the limited Eulilly company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

H190003140943

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

H190003140943

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MER	John Roberto Nouel	3401 NE 207 St	D Add
	)	Apto. 1102	Remove
		Aventura, fr 33180	Change
MHR	Harting Vila	3601 NE 207 ST	
		Apt 1102	Remove
		Aventura fi 33180	Change
MER.	Johan Vila	3601 NE 207 ST	Add
	<b>-</b>	Apto. 1102	□ Remove
		Aventura Fr 33180	Change
•			□ Add
			Remove
			Change
		□ Add	
			Remove
			Change
			□ Remove
			Change

Ifam	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	October 22 ( 201)
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00