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(Re	equestor's Name)	
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A. BUTLER
DEC 8 2021

COVER LETTER

ТО:	Registration S Division of Co			
CUD 167	MESA 55			
SUBJEC	T:		nited Liability Company	·
The encl	osed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		GABRIELA SETRAKIA?	٧	
			Name of Person	
		ARGENTAX LLC		
		 	Firm/Company	
		1241 CANARY ISLAND	DR	
			Address	
		WESTON, FL 33327		
			City/State and Zip Code	
		gabysetrakian@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information o	concerning this matter, please c	all;	
GABRIE	ELA SETRAKI	AN	786 458-3493	
	Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 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 Addres Registration		<u>Street Address:</u> Registration Sc	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee,	ロル コムシ 14	2410 N. MONTO	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ED

MESA 55 LLC

2021 ROY 18 AM 7: 5U

(Name of the Limited I	<u>Liability Company ay it now appears on our reco</u> Florida Limited Liability Company)	<u>rds.</u>)
(Al	Florida Limited Liability Company)	FILE STATE
The Articles of Organization for this Limited Liabi	ility Company were filed on 1.13000081236	and assigned
Florida document number 06/04/2013	.	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2.5)	
B. If amending the registered agent and/or regi		er the name of the new registered
agent and/or the new registered office address h	iere:	
N. CN. B. Saya I.A. an		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	(CA)
-	, ¹	Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, red agent as provided for in Chapter 602 sistered office address. I hereby confirm (and I am familiar with and 5. F.S. Or, if this document is

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
MGR	EMILIANO BARBUSCI	10031 PINES BLVD STE 228	= Add
		PEMBROKE PINES, FL 33024	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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f an effectiv <u>Note:</u> If th	we date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cannot be prior does not meet the applic	able statutory tiling	ore than 90 days after filin	ig.) Pursuant to 605.0207
record sp d is filed.	ecifies a delayed effective da	ite, but not an effective t	ime, at 12:01 a.m. c	on the earlier of; (b)	The 90th day after the
NO Dated	VEMBER 11	2021	·		
	11.1	nature of a member or auth		of a mushu	
	EMILIANO BARBUSCI	nature of a member or auth	orizea representative	ог а пістосі	
	2	Typed or print			

Filing Fee: \$25.00