# L070000 29190

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

	Registration Sec Division of Corp						
aun ira	NAIVIN LL						
SUBJEC	:T:		ited Liability Company				
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for tiling.				
Please re	turn all correspon	dence concerning this matter	to the following:				
		LUCELLY GRANADOS					
			Name of Person				
		NAIVIN LLC					
	NAIVIN LLC Firm/Company						
		2600 WEST FLAGLER S	r				
			Address				
		MIAMI FL 33135					
		City/State and Zip Code					
		VIVIAN@MARTORELLOFFICE.COM  E-mail address: (to be used for future annual report notification)					
_			·	cation)			
For furth	er information co	ncerning this matter, please ca	all:				
LUCELI	Y GRANADOS		305 898.9954				
Name of Person			at () Area Code Daytime	Telephone Number			
Enclosed	is a check for the	following amount:					
<b>■</b> \$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 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

2017 OCT 23 AM 11: 13

NAIVIN LLC

(Name of the Limited Liability Company as it now appears on our records: (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/07/2003}{1}$ and assigned Florida document number L03000029190 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 "LL.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

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	<u>Address</u>	Type of Action
MGR	JOHN FREDY GRANADOS	1129 Nw 33 Ave, Miami Fl 33125	
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Effective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	the date of filing: must be specific and ca s block does not mee	nnot be prior to date t the applicable st			
e record specifies a dela The 90th day after the i		e, but not an	effective time, at	: 12:01 a.m. on	the earlier of
10/17/ Pated		2017			
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Typed or printed name of signee

Filing Fee: \$25.00