10500008625

(R	equestor's Name)	
(A	ddress)	
(Ā	ddress)	
(C	ity/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





100315315761

07/11/18=-01005--024 **25.00

DIVISION OF CORPORATIONS

18 JUL 11 PH 1:53

N COOPER JUL 19 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Fipas LLC		
,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Horst	Pare of Person	·
	Fipe	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6450	SW 112 ST. Address	<u></u>
		i FL 33156 City/State and Zip Code	
	hørstterre E-mail address: (1	ro @gmail. Com	cation)
For further information c	oncerning this matter, please ca	all:	
Hors +	Ferrero f Person	at (<u>352</u>) <u>494</u> Area Code Daytime	-6578 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fipas, L.C.

(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 9-23-2005

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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6450 SW 112+ St
(Principal office address MUST BE A STREET ADDRESS)	Miam: FL 33156
Enter new mailing address, if applicable:	6450 SW 112+ ST
(Mailing address MAY BE A POST OFFICE BOX)	Migmi 7L 33/56

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:

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
MGB	Luisa Cannella	5450 Banyan Trail	
		Coral Gables FL, 33156	Remove
			Change
			Add
			☐ Remove
			□ Change
		,	□ Remove
			Change
			Add
		Remove	
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			Change

	-		<u>.</u>		
					_
					_
					_
			,		
	_ 				
	·				
			· · · · · ·		
				_ ≘ _	
		<u>-</u> .		 _	- 유주 - 유주
				70	COR
					ORA
			_	3	
		<u> </u>	<u>.</u>		
		· 			
r			/4!		
fective date, if other than the date of filing:					
ote: If the date inserted in this block does not meet the cument's effective date on the Department of State's		tory tiling requiren	ients, this date wil	i not be i	ustea a
record specifies a delayed effective date, The 90th day after the record is filed.	but not an eff	ective time, at	12:01 a.m. on	the ea	rlier
	1.0	<i>t y</i>			
ated $\frac{\int U U 2}{U}$. 2	.018	j	- 1		
V		9th	w/		
		esentative of a memb			•

Page 3 of 3

Filing Fee: \$25.00