L670000 24679

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>;</i> #)
PICK-UP	☐ WAIT	MAiL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700272593927

05/15/15--01007--004 **35.00



JUN 08 2015 J SHIVERS



May 22, 2015

FRANCES LLORET 13340 SW 83RD CT PINECREST, FL 33156

SUBJECT: AAFA, LLC

Ref. Number: L07000024039

We have received your document for AAFA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 915A00010857

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

ROLANDO E. LEIVA, C.P.A., P.A. LAKESIDE COMMONS OFFICE PARK 7400 S.W. 50th TERRACE, SUITE 302 MIAMI, FLORIDA 33155 TELEPHONE # (305) 663-1511 FAX # (305) 663-3350

May 8, 2015

TO: AMENDMENT SECTION

DIVISION OF CORPORATIONS

FROM: ROLANDO E. LEIVA, C.P.A.

REF: AAFA, LLC

ARTICLES OF AMENDMENT - DOCUMENT NUMBER L07000024039

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

FRANCES LLORET 13340 SW 83RD CT PINECREST, FL 33156

E-mail: rolando@leiva.com

For further information concerning this matter, please call: Rolando Leiva, CPA at 305-663-1511.

Enclosed please find check in the amount of \$35.00 made payable to the Florida Department of State.

Respectfully submitted,

Rolando E. Leiva, C.P.A.

*ROLANDO E. LEIVA, C.P.A., P.A.*7400 SW 50 TERR., #302*MIAMI, FL*

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATA 11 C

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberLOT 0000240	- 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9330 NW 50 Doral Circle South
(Principal office address MUST BE A STREET ADL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	1330 NW 50 Doral Circle South Enter Florida street address
)O(a) , Florida 33178 City Zip Code

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
NSR	Armondo Martir	9330 NW Doral Circle Sais	□ Add
		Doral, FL. 33178	□ Remove
			Change
	 		Add
			□ Remove
			Change
	•		🗖 Add
	;*		□ Remove
			Change
			🗖 Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

										
		- ,					<u></u>	<u> </u>		
·			,	<u> </u>						
			<u>. </u>							
										
										
···			<u> </u>							
					·					
						· · ·				
							···			
		<u> </u>			. <u></u>					
								20 kg	' 220 '	
								100 mg		
									1	
							·		5 AH	
	·				<u></u>					
				·					<u>ස</u>	
Tective date, if ean effective date is lote: If the date in ocument's effective	isted, the date n serted in this	nust be specific block does n	c and canno not meet th	t be prior to d e applicable	ate of filing	or more than 9 Iling require	(option: 0 days after fili ments, this da	ng.) Pursuant to	o 605.02 : listed	20° a:
record specif The 90th day	les a delay after the re	ed effective ecord is file	/e date, ed.	but not a	n effectiv	e time, at	: 12:01 a.n	n. on the e	arlier	0
ated June	_1_		_, <u>a</u>	015		(
•						}				

Page 3 of 3

Filing Fee: \$25.00