L07000091008

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
•
j
j

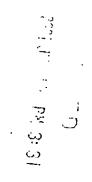
Office Use Only



500369764675

07/14/21--01010--010 **25.00

12/2/



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	. SHEVA LL	. ·	`
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresponder	ondence concerning this matter	to the following:	
		DOLORES URDAPILLETA	
		Name of Person	
		Firm/Company	
		104 CRANDON BLVD #415 Address	
		KEY BISCAYNE FL 33149	
		City/State and Zip Code DOLORES.URDAPILLETA@GMAIL.	COM
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report no	
	RES URDAPILLETA	at () 30579	0 994 6
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addre Registration Division of (Street Address: Registration S Division of Co	
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	_C			
(Name of the Limited)	Liability Company Florida Limited Lia	y as it now appears on our recability Company)	ords.)	
he Articles of Organization for this Limited Liab lorida document numberL07000091008				and assigned
nis amendment is submitted to amend the follow	ing:			
. If amending name, enter the new name of th	<u>he limited liabil</u>	ity company here:		
ne new name must be distinguishable and contain the word	ds "Limited Liabilit	ty Company," the designation "	LLC" or the abbi	eviation "L.L.C."
nter new principal offices address, if applicab Principal office address MUST BE A STREET		104 CRANDON BLVD #41	.5	
rincipus office unuress most parisition		KEY BISCAYNE FL 33149		
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE Bo	<i>0X</i>)	104 CRANDON BLVD #4	15	
Mailing address MAT BE A FOST OFFICE BON				
		KEY BISCAYNE FL 33149		
3. If amending the registered agent and/or reg	<u>here</u> :	ddress on our records, <u>e</u>		of the new regist
s. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:	gistered office a here: Dolores Urdap	ddress on our records, <u>e</u>		of the new regist
gent and/or the new registered office address	<u>here</u> :	illeta	nter the name	of the new regist
	Dolores Urdap	ddress on our records, <u>e</u>	nter the name	e of the new regist

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>	Name	Address	Type of Action
MGR	Dolores Urdapilleta	104 crandon blvd #415 key biscayne fl 33149	
			□Remove
			Change
MGR	Juan Carlos Barrionuevo	200 crandon blvd #360 key biscayne fl 33149	□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			@Add \
			Remove
			Change
			□ Add
			□Remove
			□ Change

			<u> </u>
			
		<u>, , , , , , , , , , , , , , , , , , , </u>	
			
-			· · · · · · · · · · · · · · · · · · ·
			
		,	
Effective date, if other than t f an effective date is listed, the date is	must be specific and cannot be prior to d	late of filing or more than 90 days aft	tional) ter filing.) Pursuant to 605.020
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable	e statutory filing requirements, the	his date will not be listed a
document's effective date on the	Department of State's records.		
a record enecifies a delayed effer	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after th
rd is filed.	Aive date, but not an encouve time,	, ux 12:01 aiiii 01 iii 12:11:1 0:1	
April 16th.		. , 1 1 .	
	 .	1/2/an/and	i, i
		TO VOI VILL	-7 :-7
	Ciamatana afa manakan an anakan an	ad representative of a member	
	Signature of a member or authorize	ed representative of a member	