109000074179

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(Add	ress)	
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2016 NOV 28 P 1+ 08
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE NOV 30 2016

COVER LETTER

TO: Registration Solution of Con				
Mar Chiqu	ita LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
•	ondence concerning this matter	<u>.</u>		
	Eduardo Ayala Maura			
		Name of Person		
	Ayala Law PA	·		
	_	Firm/Company		
	1390 Brickell Ave, Suite 3			
		Address	····	
	Miami, FL 33131		4	
	lawayala@gmail.com	City/State and Zip Code	ACC SEC NOV	77
·	E-mail address: (to be used for future annual report notif	ication)	-
For further information of	concerning this matter, please co	all:	in – ()	m
Eduardo Ayala Maura		305 570-2208	75 T 25 47	J
Name o	of Person		Telephone Number	
Enclosed is a check for t	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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mar Chiquita LLC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabs Florida document number L09000074179	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
-	, Florida ≥ ∞
	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
MGR	Hector Tonante	247 SW 8 S1,#894	
		Miami, FL 33130	≡ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			SECRETARY SEE
			AHASSES F STATE ORID
		 	<u>DM</u> Bdd
	·		Remove
			Change
			Add
			Remove
			□ Change

. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	SEC POIN	
	HAS YOU	
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		C
(If an e	fective date, if other than the date of filing: (optional) (iii)	.0207 (ed as t
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	November 18 2016	
	000000	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00