Division of Corporation

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (650)617-6383

From:

Account Name : CARLOS PEREZ SERVICE

Account Number : I20050000172 Phone : (305)541-8722 ; (305)541-6940 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOS CARRAS, LLC

Certificate of Status	0
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Page Count	04
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DEC 1.5 2019

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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS CARRAS, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L10000062590</u>	ere filed on	06/10/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address o	on our records, <u>en</u>	ter the frame & the new 1500000
New Registered Office Address:	Enter Fi	orida 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>	Name	Address 1359 SW 1 STREET, MIAMI, FL	Type of Action
MGR	SANDRA C. BUDDEN	33135	
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Effective date	e, if other than the da	ate of filing:	201	(optional)	9
Note: If the ca	ate inserted in this block	e specific and cannot be pro- coos not meet the appli- artment of State's records	cable statuting ming requ	irrements, this date v	vill not be listed :
he record sp The 90th o	pecifies a delayed e day after the recor	effective date, but no d is filed.	ot an effective time,	at 12:01 a.m. o	on the earlier
Dated Jan	uary 7	2019	·		
_ = =		The L			
		-4	horized representative of a r		

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Typed or printed name of signee

Filing Fee: \$25.00