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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUGO CASTELLANOS II L.L.C

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGO CASTELLANOS II L.L.C (Name of the Limit	ed Llability Compa (A Florida Limited L	ny as it now appears lability Company)	on our records.	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Li Florida document number L11000042674				and ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	the <u>limited liab</u>	ility company he	re:		
×7( A				La althonistics 41	I.C."
N/A The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the de	esignation "LLC for t	ne aborevisioni L	.L.C.
Enter new principal offices address, if applicable:		N/A		<del></del>	
(Principal office address MUST BE A STREET ADI		<del></del>	_	1 - 122 <u>- Em</u>	
Enter new mailing address, if applicable:		N/A			是是
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered ( office address be	office address or re:	, our records. <u>e</u>	nter the name	e of the ne
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Flo	orida street addres:		
	N/A		, Florie	da <sup>N/A</sup>	
		City		Zip Cod	e

## 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	HUGO ERVING CASTELLANOS	1531 SW 126 PL MIAMI FL 33184	Add
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25/2019 12:59 3052201440  amending any other information, enter change	(8) here: (Attach additional sh	heets, if necessary.)		
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		(optional)		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not mee document's effective date on the Department of State		Non-MA door ofter filing )	Pursuant to 6 will not be li	05.0207 sted as
the record specifies a delayed effective dat  ) The 90th day after the record is filed.	te, but not an effective tim	ne, at 12:01. a.m. (	on the ear	rlier of
Dated JUNE 25,  When Control of a recognition of a recogn	2019		•	

Typed or printed name of signee

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OLGA CASTELLANOS, MGR