## L11000076315

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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OCT 17 2019 M. SOLOMON FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

NW WAREHOUSE, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8418 FOR: \$400.00 (\$25.00 for this filing)

THANK YOU!

## **COVER LETTER**

W WAREI	HOUSE, LLC		
	Name of Limi	ited Liability Company	<del></del>
rticles of A	mendment and fee(s) are sub-	mitted for filing.	
l correspon	dence concerning this matter	to the following:	
	CARLOS GARCIA		
	<del></del>	Name of Person	<del></del>
	CARLOS GARCIA P.A	Name of Person  Firm/Company GHWAY SUITE 202  Address  33146  City/State and Zip Code  COM  ss: (to be used for future annual report notification)  e call:  at (	
		Firm/Company	
	500 SOUTH DIXIE HIGH	WAY SUITE 202	
		Address	
	CORAL GABLES, FL 331	46	
	CARLOS@CGPALAW.CO	· ·	
	E-mail address: (t	to be used for future annual report notifi	ication)
rmation co	ncerning this matter, please ca	ıll:	
CIA			
Name of	Person	Area Code Daytime	Telephone Number
neck for the	following amount:		
ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	rticles of A correspon  CIA  Name of	CARLOS GARCIA  CARLOS GARCIA  CARLOS GARCIA P.A  500 SOUTH DIXIE HIGH  CORAL GABLES, FL 331  CARLOS@CGPALAW.CO  E-mail address: (i)  rmation concerning this matter, please callots  CIA  Name of Person  ack for the following amount:  ang Fee \$\square\$ \$30.00 Filing Fee &	Name of Limited Liability Company  riticles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  CARLOS GARCIA  Name of Person  CARLOS GARCIA P.A  Firm/Company  500 SOUTH DIXIE HIGHWAY SUITE 202  Address  CORAL GABLES, FL 33146  City/State and Zip Code  CARLOS@CGPALAW.COM  E-mail address: (to be used for future annual report notification concerning this matter, please call:  ACIA  Name of Person  CIA  Name of Person  Daytime  Deck for the following amount:  The fee Status Status Certified Copy

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

NW WAREHOUSE, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L11000076315		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
e new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.G.3
ter new principal offices address, if applicable:	<del></del>	
incipal office address MUST BE A STREET ADDRESS)		<u> </u>
		1 27 21 1-
ter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·
ailing address MAY BE A POST OFFICE BOX)		<b>₩</b> VC
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		the name of the n
Name of New Registered Agent:		
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>	<u>Address</u>	Type of Action
MGR	LUIS IREGUI	500 S. Dixie Highway Suite 202 Coral Gables, FL 33146	
			Remove
			Change
MGR	OSCAR BJARNER ICAZA	Urbanización Mocoli Golf Club, Edificio Golf 102A . Apt 301.	<b>⊟</b> Add
		Samborondon, Ecuador.	
			Remove
MGR	IVAN GAROFALO	Urbanización Laguna del Sol, Mz. J, Villa 17, Km 8 Via	☐ Change ☐
<del></del>		Puntilla -Samborondon, Ecuador	□ Remove
MGR	ERNESTO A. ESTRADA	Plaza Lagos Town Center, Edificio Exedra, Piso 2, Km. 6.8	□ Change
		Via Puntilla- Samborondon	□ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change

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fective date, if other that in effective date is listed, the date	the date of fili	ng:	- des effic	a or mary than 0	(optional)	\ Pursuant to 605 02
n effective date is listed, the da ote: If the date inserted in a cument's effective date on	nis block does not	meer me appr	icable statutory	filing require	ments, this date	will not be listed
record specifies a de The 90th day after th	ayed effective record is filed	date, but n d.	ot an effect	ive time, at	12:01 a.m.	on the earlier
October 15		2019	11	•		
		-, <del></del>	7///			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00