

L11000 088 698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

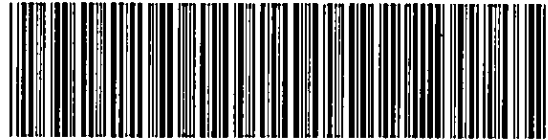
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 14 AM 9:37

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COVER LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

TO: Registration Section  
Division of Corporations

19 NOV 14 AM 9:37

SUBJECT: TRYSON, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo MARCELO Lopez  
Name of Person

BOYNTONY LLC  
Firm/Company

16711 Collins Ave 2402  
Address

SUNNY ISLES BEACH, FL 33160  
City/State and Zip Code

plopezlece@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo MARCELO Lopez at (305) 485-3131  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

## COVER LETTER

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

TRAYSON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

19 NOV 14 AM 9:37

The Articles of Organization for this Limited Liability Company were filed on 08/02/2011 and assigned Florida document number L11000088698

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NATALIA ANDREA DUHAU

New Registered Office Address:

16711 Collins Ave 2402

Enter Florida street address

Sunny Isles Beach, Florida 33160

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>	<u>Type of Action</u>
MGR	Guillermo López	16711 Collins Ave #2402	<input type="checkbox"/> Add
		SUNNY Isles Beach	<input checked="" type="checkbox"/> Remove
		FL, 33160	<input type="checkbox"/> Change
MGR	Pablo Marcelo López	16711 Collins Ave #2402	<input checked="" type="checkbox"/> Add
		SUNNY Isles Beach	<input type="checkbox"/> Remove
		FL, 33160	<input type="checkbox"/> Change
MGR	NATALIA ANDREA DUHAU	16711 Collins Ave #2402	<input type="checkbox"/> Add
		SUNNY Isles Beach	<input type="checkbox"/> Remove
		FL, 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

11/14/2019

Notlich

Signature of a member or authorized representative of a member

NATALIA ANDREA DUHAN

Typed or printed name of signee