# L11000106 997

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2019 STF 20 / M 10: 53

R. WHITE. OCT 0 3 2019

### **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: F	LOTA LILIMAN Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Michelle	N. PIZARPO / SONO	Hnavi Barkera
		Firm/Company	
	7160 NU	U 1039 POHN Address	
	Deal		
-		DIC Pamail Combito be used for future annual report notifi	cation)
For further information conc			,
NIONELLE Name of Pe	Pitaklo	at ( <u>305</u> ) <u>910-13</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee 1	□ \$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

2019 SEP 20 AH 10: 53 iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Only 2011 and assigned Florida document number L11000106997 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: New Registered Office Address: Enter Florida street address

#### 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	Manuel Barrera	3757 NW 5011 Street	🗖 Add
		Miami -FL- 33142	Remove
			☐ Change
MGR	MICHELL PIZAKKO	7100 NW 1030 PAIL	<b>₫</b> ∕Add
		DOIGH - FL - 33178	□ Remove
			Change
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			Remove
			Change
			Remove
			□ Change

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e record specifies a delayed effective date, but not an effective time	(optional) an 90 days after filing.) Pursuant to 605.020 uirements, this date will not be listed as
The 90th day after the record is filed.	, at 12:01 a.m. on the earlier o
ited	
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<i>★#</i>	,
Signature of a member of authorized representative of a	nember