Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 Phone : (305)670-1991

Fax Number : (305)670-1993

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLAANGOSTURA LLC

Certificate of Status	0
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JUN 2-4 2020---

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ### ARTICLES OF AMENDMENT OF ### ARTICLES OF AMENDMENT ### ARTICLES OF ORGANIZATION OF ### ARTICLES OF AMENDMENT ### ARTICLES OF ORGANIZATION OF ### ARTICLES OF AMENDMENT ### ARTICLES OF ORGANIZATION OF ### ARTICLES OF AMENDMENT ### ARTICLES OF ORGANIZATION OF ### ARTICLES OF AMENDMENT OF ### AR

VILLAANGOSTURA LLC				
(Name of the Limited) (A	Liability Compai Florida Lunited L	ny as it now appears on r liability Company)	nur records.)	
The Articles of Organization for this Limited Liab	ility Company			_ and assigned
This amendment is submitted to amend the follow	ing;			
A. If amending name, enter the new name of th	ne limited liab	ility company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab		1800 SW 1ST AVE		
(Principal office address MUST BE A STREET.		MIAMI FL, 33129		
n a subting address if applicable:		1800 SW IST AVE	SUITE 403	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL, 33129		
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office : <u>here</u> :	address on our recor	ds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	DEBORAH JACOBSON			
New Registered Office Address:	1800 SW IST	AVE SUITE 403  Enter Florida v	trans address	·_
				170
	MIAMI	City	, Florida <u>33</u>	Zip Code
Now Danietacod Agent's Signature, if changing Re	gistered Agent:	<u>:</u>		

New Registered Agent's Signature, it 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 an 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 ham Registered Agent, Signature of New Registered Agent

m: Paola Sanchez

Fax: 18136585039

To:

Fax: (850) 617-6383

Page: 4 of 5

06/23/2020 11:28 AM

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		2020 JUL: 23 ATT 10:	55
Title	Name	Address	Type of Action
MGR	DEBORAH JACOBSON	1800 SW IST AVE SUITE 403	
		MIAM1 FL, 33129	Remove
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