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(Re	equestor's Name)	
(Ad	ldress)	
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(Cìr	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	.
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COVER LETTER

TO:	Registration Se Division of Cor			
C1193.11	ANGRECA	A LLC		
SUBJE	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BLANCA ZAMBRANO I	LUNA	
			Name of Person	·
			Firm/Company	
		1560 SAWGRASS CORP	ORATE PARKWAY 4TH FLOOP	R .OFC 499
		SUNRISE, FL 3 3323	Address	- · ·
		BLAN.61@HOTMAIL.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
BLANCA ZAMBRANO		786 2375255 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGRECA LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	y Company were filed on FLORIDA	and assigned
Florida document number L12000083471	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	.imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 1 MILE-
B. If amending the registered agent and/or re		the name of the ne
registered agent and/or the new registered office a	ddress here:	
		\(\frac{1}{2}\)
Name of New Registered Agent:		
		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	
<u> </u>	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>	Address	Type of Action
MGR	HEREDIA, ANDREINA V	20900 NE 30TH AVE STE 827	
		AVENTURA, FL 33180	
			
			Remove
			Change
		-	Add
			Remove
			☐ Change
			Remove
			Change
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			Change
			☐ Remove
			☐ Change

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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	iis block does not me	et the applicable	ate of filing or more the statutory filing req	(optional an 90 days after filin uirements, this dat) g.) Pursuant to 605,0207 e will not be listed as
ne record specifies a del The 90th day after the		ite, but not a	n effective time	, at 12:01 a.m.	on the earlier of
Dated		2019			
		1/1			

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Typed or printed name of signee

Filing Fee: \$25.00