L12000094883

(Requestor's Name)	
(Address)	—
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN MAR 2 7 2018

COVER LETTER

TO: R	egistration Sec ivision of Corp	ction porations		
OUD IE CT		MIENTOS LI-LI, LLC		
SUBJECT	; <u></u>	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	
		JORGE SCHNEIDER		
			Name of Person	
		JFS CONSULTING SERV	TICES LLC	
			Firm/Company	
		20341 NE 30 TH AVE - A	PT 105	
			Address	
		AVENTURA, FL. 33180		
			City/State and Zip Code	
		jschneider@jfsconsultingsv		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
JORGE S	CHNEIDER		786 553-6061	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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:

TO:

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

EMPRENDIMIENTOS LI-LI, LLC (Name of the Limited Liability	Company as it now appears on our records.)	
(A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L12000094883	ompany were filed on $\frac{07/23/2012}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 Forestered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	JFS CONSULTING SVCS	20341 NE 30 TH AVE - 105	
		AVENTURA FL 33180	■ Remove
			□ Change
MGR	LILIANA SAGRETTI	20341 NE 30 TH AVE - 105	= Add
		AVENTURA, FL. 33180	Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
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			Series Change

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Filing Fee: \$25.00