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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEVINE GOODMAN RASCO & WATTS-FITZGERALD, U

Account Number : 120160800076 Phone : (305)374-8200 Fax Number : (305)374-8208

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

Email A	ddress:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORTIZ MACHINE COMPANY, LLC

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Corporate Filing Menu

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From Dayleen Anchia

Fax: (305) 374-8208

To: 118506176383@attrofa Fav: (350, 617-9381 (((H 1 7 0 0 0 1 6 7 3 1 9 | 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 23 AM 10: 40

Zip Code

OR 12 MACH	NE COMPANY, LLC	<i>`\\R\O_c</i>
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
· ·		
ne Articles of Organization for this Limited Liability Compa	iny were filed on	and assigned
orida document number L12000138114		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
THE PAIR OFFICE ARATES MOST BE ASTREET ABOUTED		

nter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
	NW.	<u> </u>
s. If amending the registered agent and/or registered	l office address on our records, g	enter the name of the r
egistered agent and/or the new registered office address l	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florie	da

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	F٢	em:	Davice	n Anchia
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Fax: (305) 374-9208

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>	Type of Action
MGR	Roberto Regianini	1181 S Roger Circle	
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		Baca Raton, FL 33487	☐ Change
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