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## cr2e049.pdf

## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT

CORPORACION PLATA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORELIA TO VEGA	
Name of Person	2013 K
CORPORACION PLATA LLC	2013 MAR 25 SECRETARY
Firm Company	SS <sup>A</sup> N
7958 SW 165 CT	
Address	STATE OF
Mismi, FL 33193	
City: State and Zip Code	
TIBIGAY 3421 @ HOTMAIL. COM	
E-mail address: (to be used for future animal report notification)	

For further information concerning this matter, please call:

MORELIA T. VEGA

\_ar(786) 247 8346

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filmg Fee

30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filmg 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 - cr2e049.pdf

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPORACION		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on Innited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Of Florida document number <u>L 1300003022</u>		27 · 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company."	
Enter new principal offices address, if applicable:	N/A	2013 HAR
(Principal office address MUST BE A STREET ADDR	<u>ZESS)</u>	**************************************
Enter new mailing address, if applicable:  (Mailing address M4Y BE.4 POST OFFICE BON)	N/A	EF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
		Florida
	Ciņ:	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 608. 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 almending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MGRM LORELIAT. VEGA 79586W 165 CT	Add
MAMI FL. 33193	Remove
MGR MORELIA T. VEGA 7958SW 165CT MIAMI, FL. 33193	2013 MAR 25 MI 1: 09 SECRETARY OF STATE
MGRM MANUEL DE LAVEGA 7958 SW 165CT MIAMI, FL 33193	<del>-</del>
MGR MANUEL DE LANGA 7958 SW 165 CT MIAMI, FL 3319	Add
	AddRemove
	Add Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary)
	PLEASE CHONGE THE TITLE OF MOREHA VEGA AND MANNEL DE LA VEGA-
	AND MANUEL DE LA VEGA.
Dated_	03.19.2013.
	Signature of a member or authorized representative of a member
	MANUEL DE LA VEGA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE