10/31/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : MARILI CANCTO JOHNSON P.A.

Account Number: T20160000073 Phone : (305) 967-6329

Fax Number : (305)470-7453

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>1/3000031073</u> .	were filed on <u>2/28/20</u>	13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Robledo Kibei	ro Aloisio
(Principal office address MUST BE A STREET ADDRESS)		-10 Dr. - 33462
Enter new mailing address, if applicable:	Robledo Ribei	ro Aloisio
(Mailing address MAY BE A POST OFFICE BOX)	1214 N Atla Lantana, F	untic Dr. L 33462
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		and the state of t
	Enter Florida street uddress	
	, Florida _	Zip Code
No. 19 state of Association of Association of Association	City	гар Свас
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 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 o

MGR = Manager

AMBR = Authorized Member

_ Change

If amending Authorized Person(s) authorized to man	age, <u>enter the title</u>	, name, and address of	each person being added
or removed from our records:			

Title Name Address Type of Action _D Add Remove _□ Change _D Add _□ Remove _D Change □ Remove _□ Change □ Add _□ Remove □ Change □ Add □ Add □ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	data if other than the data of filing.
Cfaativa.	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
Ifective an effective	
lote: If th	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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