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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)	
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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC		Business LLC					
SUBJEC		Nanie 	of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) a	ire sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this	matter	to the following:			
		Ricardo Resino					
			<del></del>	Name of Person			_
				Firm/Company			-
		8004 NW 154 Stree	t Suite	117			
			-	Address			-
		Miami Lakes, FL 35	016 				
				City/State and Zip Code			-
		ricusar@gmail.com	dress: (	to be used for future annual	report notific	cation)	
For furth	er information co	oncerning this matter, p				,	
Ricardo :	Resino			305 30	0-0597		
	Name of	Person		Area Code	Daytime	Telephone Numbe	r
Enclosed	is a check for th	e following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee Certificate of St		☐ \$55.00 Filing Fee a Certified Copy tadditional copy is end		Certified	ite of Status &
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314		Registrat Division Clifton E 2661 Exc	tion Section of Corpora	tions ter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIND INCM DITAINESS FFC	ļ.	
(Name of the Li	mited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
 The Articles of Organization for this Limited	Liability Company were filed on 05/16/2013	and assigned
Florida document number L13000072124		
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the		n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STR	EET ADDRESS)	
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFIC	<u> </u>	<del></del>
B. If amending the registered agent ar registered agent and/or the new registered	nd/or registered office address on our reoffice address here:	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	Florida Zip Code
New Registered Agent's Signature, if changin	1	zip Code
	jj	
provisions of all statutes relative to the practice accept the obligations of my position as re	Pred agent and agree to act in this capacity oper and complete performance of my duture gistered agent as provided for in Chapter registered office address. I hereby confine change.	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature of New Registered Agent

	g Authorized Person(s) authorized from our records:	to manage, enter the title, name, and address	of each person being adde
MGR = MAMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrea F Gonzalez	8004 NW 154 Street Suite 117	<b>∃</b> Add
		Miami Lakes, FL 33016	Remove
			☐ Change
AMBR	Oscar Ruben Antequera	8004 NW 154 Street Suite 117	■ Add
		Miami Lakes, FL 33016	☐ Remove
			☐ Change
			□ Remove
			Change
		_	
			Remove
		<del></del>	Change
<del></del>			Add
			Remove
		<del></del>	☐ Change
			Add
			Remove
			☐ Change

D. If amending any other information, eq	ter change(s) here: (Attach additional sheets, if necessary.)
· · ·	
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
	<u>                                     </u>
E. Effective date, if other than the date of	filing: (optional) ite and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Departme	ntor State's records.
If the record englishes a delayed offer	tive data but not an offective time at 13,01 a.m. on the earlier of
(b) The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earlier of: filed. $\bigcap_{i=1}^{\infty}$
Dated August 21	2017
Signatur	e of a member or authorized representative of a member
Signatur	a of a member of addionace representative of a member
Ricardo Resino	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00