## 130000 72845

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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OCT 24 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	MIXTURA I	KEY BISCAYNE, LLC		
	Name of Lim	ited Liability Cover av		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MAI	RIA FERNANDA DE LA SIERRA		
		Name of Person		
	M	IXTURA KEY BISCAYNE LLC	**	
		Firm/Company		
	328 CR	ANDON BOULEVARD, SUITE	120	
		Address		
		KEY BISCAYNE, FL 33149		
		City/State and Zip Code		
	FER E-mail address: (	DELASIERRA@MAC.COM to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
MARIA FERNAN	IDA DE LA SIERRA	at ( 305 ) 343-9070	)	
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
<b>2</b> \$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 Addres	s:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Co	•	
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monro		
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MIX	TURA KEY BIS	SCAYNE, LLC	_	282
(Name of the Limited	Liability Compai V Florida Limited L	ny as it now appears of ability Company)	our records.)	SEP
The Articles of Organization for this Limited Lia	bility Company	were filed on 05/1	7/2013	and assigned
lorida document number <u>L13000072845</u>	. <u></u> .			图 子 口
This amendment is submitted to amend the follow	ving:			2: 20
A. If amending name, enter the new name of t	the limited liabi	lity company here	:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	328 Crandon Blvd	suite 120	
(Principal office address MUST BE A STREET ADDRESS)		Key Biscayne, FI 33149		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<i>0X</i> )			
B. If amending the registered agent and/or regagent and/or the new registered office address	•	ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Maria F de la S	Sierra		
New Registered Office Address:	731 Crandon Bh	vd Apt 408		
<del></del>		Enter Florida	street address	
		Кеу Віѕсауле	, Florida	33149
		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.

ered Agent, Signature of New Registered Agent

If amonding 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>	Address	Type of Action
MGR_	BUSTOS MORON	328 CRANDON BOULEVARD, SUITE 120	□Add
		KEY BISCAYNE, FL 33149	
			□Change
MGR	JOSE MARIA ARMESTO	328 CRANDON BOULEVARD, SUITE 120	□Add
		KEY BISCAYNE, FL 33149	☑Remove
			□Change
MGR	MARIA FERNANDA DE LA SIERRA	328 CRANDON BOULEVARD, SUITE 120	<b>⊘</b> Add
		KEY BISCAYNE, FL 33149	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<u> </u>	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
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F Effectiv	ve date, if other than the date of filing: (optional)
(If aan effe <u>Note:</u> I	ctive 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 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated 5	SEPTEMBER 9 2020
	144
	Signature of a member or authorized representative of a member
	MARIA FERNANDA DE LA SIERRA

Typed or printed name of signee