Fax: 19542282410

To: Amendment FL

Fax: (850) 617-6383 Division of Corporations Page: 1 of 4

09/05/2019 1:51 PM



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VIP ACCOUNTING & BUSINESS CONSULTING , LLC

Account Number : I20100000072

Phone : (954)228-2410

Fax Number

: (954)228-2411

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

Email Address:	Vitor.Bidart@VipBusiness.C	.iom
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ELDORADO ENTERPRISES,LLC**

Certificate of Status	0
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From: Cleber Dutra

Fax: 19542282410

To: Amendment FL Fax: (850) 617-6383 ( ( ( H19000266656 3 ) ) )

## Page: 2 of 4

09/05/2019 1:51 PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELDORADO ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/07/2013 and assigned Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 forther 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.

If Changing Registered Agent, Signature of New Registered Agent

From:	Cleber	Distra

n: Cleber Dutra Fax: 19542282410 To: Amendment FL Fax: (850) 617-6383 Page: 3 of 4 09/05/2019 1:51 PM

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>	Address	Type of Action
MBR	ROMEU PRADINES	6499 POWERLINE RD., S. 101 FORT LAUDERDALE, FL 33309	Add
			■ Remove
			☐ Change
MBR	FALCON BUSINESS, LLC	6499 POWERLINE RD., S. 101 FORT LAUDERDALE, FL 33309	■ Add
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om: Cleber Dutra	Fax: 19542282410	To: Amendment FL	Fax: (850) 617-6383	Page: 4 of 4	09/05/2019 1:51 PM
D. If amend	ling any other inform	ation, enter change(s) here:	(Attach additional sheets, if ne	cessary.)	
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(If an offee Note: H	tive date is listed, the date matches the date inserted in this."	ne date of filing:	date of filing or more than 90 days a	tter filing.) Pursuum to 605	5,0207 (3xb) ed as the
If the reco	ord specifies a delay Oth day after the re	ed effective date, but not ecord is filed.	an effective time, at 12:0	1 a.m. on the earli	er of:
Dated S	EPTEMBER 4	2019			
		Signature of a member or authori	zed representative of a member	<u> </u>	
	ROMEU PRADINES				
	****	Typed or printed	name of signee		

Page 3 of 3

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