113000/52/55

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Document Number)	
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COVER LETTER

	of Corporations
AL' SUBJECT:	FAMIRA HOLDINGS, LLC
3000EC1.	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for fiting.
Please return all c	orrespondence concerning this matter to the following:
	JEFFREY ROA
	Name of Person
	ALTAMIRA HOLDINGS, LLC
	Firm/Company
	10731 NW 58 ST
	Address
	DORAL, FL 33178
	City/State and Zip Code
	jeffreyroa@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
JEFFREY ROA	305 804-8101 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
\$25.00 Fiting	Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTAMIRA HOLDINGS, LLC					
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on o pility Company)	ur records.)		
The Articles of Organization for this Limited L Florida document number L13000152155	iability Company we	ere filed on 10/29/20	13	and as	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabilit	y company here:			
· · · · · · · · · · · · · · · · · · ·					
he new name must be distinguishable and contain the		Coinpany," the designat	ion "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applic	-			121 122	
<u> Principal office address MUST BE A STREE</u>	ET ADDRESS)				
	-				
Inter new mailing address, if applicable:				# *# **	
Mailing address MAY BE A POST OFFICE	BOX)			為, 三	
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 If amending the registered agent and egistered agent and/or the new registered or 	/or registered offic <u>ffice address</u> here:	e address on our	records, enter	the name	of the no
				2. f	7000
Name of New Registered Agent:	JEFFREY ROA				
New Registered Office Address:	10731 NW 58 ST	· 			
		Enter Florida str	eet address	 	
	DORAL.		37	3178	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
MGR	Hernani A. Mendez Guevara	7823 NW 111th COURT	
		DORAL, FL 33178	■ Remove
	•		□ Change
MGR	Jeffrey Roa	10731 NW 58 STREET	■ Add
		DORAL, FL 33178	☐ Remove
			Change
			□ Add
			☐ Remove
		•	Change
			□ Kemove.
			Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change

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ffective date, if other than the date of filing:(o an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	/ /lanaitm

Page 3 of 3

Filing Fee: \$25.00