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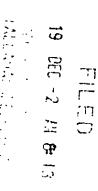
· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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JAN 0 8 2020 S. YOUNG

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:		CONO LLC				
		Name of Limi	ted Liability Company			
,						
The enclosed	1 Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter t	o the following:			
		BLANCA ZAMBRANO L	UNA			
			Name of Person			
			Firm/Company			
		DRATE PARKWAY 4TH FLOOR (OFC 499			
		Address				
		SUNRISE, FL 33323				
			City/State and Zip Code			
		BLAN.61@HOTMAIL.CO				
		E-mail address: (6	o be used for future annual report notific	ation)		
For further in	nformation coi	icerning this matter, please ca	Π:			
BLANCA Z	AMBRANO I	LUNA	786 2375255			
Name of Person				Felephone Number		
Enclosed is a	a check for the	following amount:				
■ \$25.00 F	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 ADDRESS:

TO:

Registration Section

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

ATHOS DIACONO LLC		16	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)		TI
The Articles of Organization for this Limited Liability Company we Florida document numberL14000014194		and assigned	
This amendment is submitted to amend the following:		2. 2. &	
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "ELC" or the abb		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of th	e nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGRM	BRUNA LLC	16192 COASTAL HWY, LEWES DE, 19958	 Add
			☐ Remove
			Change
MGRM	DIACONO, CLAUDIA N	416 Lakeview Dr - Ste 202 Weston, FL 33326	
			■ Remove
			Change
MGRM	DIACONO MAGALHAES. FELIPE	416 Lakeview Dr - Ste 202 Weston, FL 33326	
			■ Remove
			Change
MGRM	DIACONO MAGALHAES, MARCELO	416 Lakeview Dr - Ste 202 Weston, FL 33326	
			■ Remove
			Change
MANAG	RATINETZ, EDUARDO	1390 BRICKELL AVE SUITE 270, MIAMI FL 33131	🖸 Add
			■ Remove
		<u> </u>	Change
			Remove
			□ Change

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.				/26/2019				
`an effe <u>{ote:</u>		the date must be sp d in this block d	ecific and cannoes not meet t	he applicable		e than 90 days af	tional) er filing.) Pursuant t his date will not be	
	ord specifies a 90th day after			, but not a	n effective tir	ne, at 12:01	a.m. on the e	arlier of:
ated	NOVEMBER , 26	5	. 20)19				
_)			

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00