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(Req	uestor's Name)	<u>. </u>
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
eup ie		Sales, LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter		
		Alicia M Diaz		
			Name of Person	,
		Americana Sales, LLC		
			Firm/Company	
		5838 Collins Ave 9A		
			Address	
		Miami Beach, FL 33140		
			City/State and Zip Code	
		adiaz@americanasales.us	to be used for future annual report notifi	nation
			•	canony
For furt	ther information c	oncerning this matter, please c	all:	
Alicia	Maria Diaz		305 525-6436 at ()	<u> </u>
-	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	i.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 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

Americana Sales, L.C. (Name of the Limited Liability Company as	t now appears on our records.)		_	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	y Company)			
The Articles of Organization for this Limited Liability Company were	filed on June 6th, 2016	an	d assign	ned
Florida document number L14000022446				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	ompany here:			
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liability Liability Contains the words "Liability Contains the words "Liabil	npany," the designation "LLC" or th	e abbreviatio	on "LLC	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		··		
		100 cm	16	
Enter new mailing address, if applicable:		-		 ,
(Mailing address MAY BE A POST OFFICE BOX)			, -	
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			PH	Γ
B. If amending the registered agent and/or registered office a	iddress on our records, <u>ent</u>	ter the oa	me_of	the*ne
registered agent and/or the new registered office address here:		<u> </u>	99	
Name of New Registered Agent:				-
New Registered Office Address:				
	Enter Florida street address			
	Florida			
C	io.	Zip C	iode -	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Darlan E Schwarz	5838 Collins Ave., Apt. 9A	Add
		Miami Beach, FL 33140	Remove
			Change
			☐ Add
			Remove
			Change
			DRemove
			Change
			Remove
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			Add
			Remove
			☐ Change
			□ Remove
			□ Change

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Filing Fee: \$25.00