## 114000026187

(Requestor's Name)		
(Address)		
(Address)		
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
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SUBJEC			ited Liability Company	<del></del>
., ,				
		Amendment and fee(s) are sub-	-	
Please re	etarn all correspo	ndence concerning this matter	to the following:	
		OSVALDO CAPOTE		
		<del></del>	Name of Person	<u> </u>
		NON HOLDING LLC		
			Firm/Company	<del></del>
		3533 NW 49 ST		
			Address	
		MIAMI FLORIDA 33142		
			City/State and Zip Code	
		YRCAPOTE a,OANDJELE		
			is be used for future annual report notific	valion)
Lor furth	ier information co	oncerning this matter, please ca	iff:	
OSVAL	DO CAPOTE		305 326-8852	
Name of Person		Person	at () Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	e following amount:		
<b>■</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 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NON HOLDING LLC (Name of the Limited Liability C	announce of now annears on our recor	ds )
(A Florida Lin	nited Liability Company)	,
The Articles of Organization for this Limited Liability Com Florida document number 1.14000026187	pany were filed on $\frac{02 \cdot 1472014}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELL	C" or the abbreviation "LT".C."
Enter new principal offices address, if applicable:		9 = -
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		3; S
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	bmitted to amend the following:  e. enter the new name of the limited liability company here:  dinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	
	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 jurther 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
MGR	YUDID RODRIGUEZ	3533 NW 49 ST MIAMI FLORIDA	
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			_ □ Change
			D Add
		<del></del>	□ Remove
			Change
		<del></del>	T Sports T
			DIVISION OF CHARGE PH 43:
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ocum	nt's effective date on the Department of State's records.	
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
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Aneu _		
	( Llh / p	

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Typed or printed name of signce

Filing Fee: \$25.00