114 0000 36481

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900257517869

03/07/14--01039--020 **30.00



COVER LETTER

TO: Registration Division of C	Section Corporations	•	
CUDIECT.	Guara	apito, LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	r	Maria Millares	
		Name of Person	
	Millare	es & Company, F	PA
		Firm/Company	<u> </u>
	500 South D	Dixie Highway, S	uite 201
		Address	
	Coral	Gables, FL 3314	46
		City/State and Zip Code	
		ateolvoff@gmail.com to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Matthe	ew M. Lvoff	₃ ,646, 25	8-0765
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Guarapito, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (Florida document number03/04/2014	Company were filed on	L14000036491	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	ere:		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the	designation "LLC" or the a	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
				4
Enter new mailing address, if applicable:				- 2
Mailing address MAY BE A POST OFFICE BOX)			7.7	, e x
			المنا	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street address		
		, Florida		
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mateo M. Lvoff	3835 CAROLE COURT	□ Add
		MIAMI, FL 33133	= Remove
MGRM	Matthew M. Lvoff	3835 CAROLE COURT	 •
		MIAMI, FL 33133	□ Remove
			□ Add □ Remove
		A CORDA	_ Add
			_ _□ Add
			_□ Remove
			_ _□ Add

	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
date this document i	is filed by the Florida Department of State)
e date this document i	is filed by the Florida Department of State) Matthew M. Lvaff
e date this document i	is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00