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(Re	equestor's Name)	
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT 0CT 19 2016

COVER LETTER

TO: Registration Se Division of Cor		•			
SUBJECT: LUS	0) Properti	eited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Gonz	ald Perez, JR,	Esq		
	60nzalt	Perez JR., Firm/Company	P.A .		
		1915 Coyal N	lay_		
		Miami, FL 331 City/State and Zip Code	55		
	E-mail address: (to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please ca	all;			
Ana G	TAYCIA f Person	at (<u>305</u>) <u>265</u> Area Code Daytim	-8228 re Telephone Number	_ ဌ ုန	
Enclosed is a check for the	ne following amount:		LAIASS	001 18	1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Copy (additional copy)	Ž =	- - - - - - - - - - - - - - - - - - -

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

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

Title	Name	Address	Type of Action
MER	Elena Patricia	15049 SW 94 tcr Miami, FL 33194.	□ Add
	Elena Patricia Meneses Albizun De Del Solar	Miami, FL 33196.	Remove
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an effective date is li ote: If the date in	other than the date sted, the date must be s serted in this block of e date on the Depart	pecific and cannot b loes not meet the	applicable statut			
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	-Signa	aturo of a member	or authorized repre	sentative of a mer	nber	5月 5

Page 3 of 3

Filing Fee: \$25.00