## L14000136720

(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	on Section f Corporation 	18	<b>:</b>	
SUBJECT:	<u> 580</u>		NENT COMPANY ited Liability Company	LLC
The enclosed Articl	es of Amendn	nent and fee(s) are sub	omitted for filing.	
Please return all con	respondence c	concerning this matter	to the following:	
		020	Name of Person	<del></del>
		730 n	Firm/Company	orrany UC
		7845 N	Address	
		DORAL	FL 33166 City/State and Zip Code	
		5AVO00 E-mail address: (	to be used for future annual report noti	
for further informa-	tion concernin	g this matter, please c	all:	
DOROGUL	_ mac	R	at (786) 398-1	1372
N	ame of Person		Area Code Daytim	e Telephone Number
Enclosed is a check	for the follow	ing amount:		
□ \$25.00 Filing F		0.00 Filing Fee & ertificate 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

530 maya6E	MEUT C	conflavor	Ecc 3
( <u>Name of the Limited Liability Com</u> (A Florida Limites	d Liability Company)		
The Articles of Organization for this Limited Liability Compan	ny were filed on	7/10/204#	I NOV - 7 P 3 kg !  and assigned  DEF ASY OF SA  AMASSEE FECHICA
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the des	ignation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	-1-1-		
New Registered Office Address:			
	Enter Floria	a street address	
	City	, Florida	Zıp Code
	Cny		zyr Coac

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>	Name	Address	Type of Action
n <u>embe</u> l	orriell moor	7301 SW 365T	
		MIAMI FL 33155	Remove
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	·		🗆 Add
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Note:	tive date, if other than the date of filing: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11/4/19
	Signature of a member or authorized representative of a member
	e e

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Filing Fee: \$25.00