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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Cor					
Butter Na	ation LLC				
SUBJECT:	Name of Limited	Liability Company			•
	Amendment and fee(s) are submit	_			
	Francesca Navarro-Gr	rau Urteaga			
		Name of Person	·		
	Butter Nation LLC				
		Firm/Company			
	31 SE 5th st, apt 2606				
		Address			
	Miami, FL,33131			print to a	
		City/State and Zip Code			62R9H
•	francesca@butternation	n.com  De used for future annual report notifications	tion)	NOV I	
For further information co	oncerning this matter, please call:	·	,	်ရှိ ရှိ	
Francesca Navarro	-Grau Ureataga	786 4937577		AM 9:	parameter (
Name of	Person	Area Code Daytime Te	elephone Number	:55	Merror C.
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Butter Nation LLC			
( <u>Name of the Limite</u>	d Liability Comp A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Li. Florida document number L14000156409	ability Company	were filed on Octobe	er 7, 2014 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end with the	vords "Limited Lia	bility Company," the designa	tion "LLC" or the abbreviationL.C."
Enter new principal offices address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
		·	
Enter new mailing address, if applicable:		N/A	S: 5.5
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		The second secon
B. If amending the registered agent and/or the new registered of			records, enter the name of the no
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	ret 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:

MGR = Manager AMBR = Authorized Member **Title** <u>Address</u> **Type of Action** <u>Name</u> 31 SE 5th st, apt 2606, Miami, FL, 33131 Ms Andrea Salazar Ortegon ■ Remove N/A N/A N/A \_□\_Add ☐ Remove N/A N/A N/A \_□ Add ☐ Remove N/A N/A N/A N/A N/A N/A □ Remove N/A N/A N/A □ Add \_□ Remove

N/A	
<del></del>	
Effective date, if other than the da The effective date must be specific, cannot b the date this document is filed by the Florida	te of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
Dated November 6	2014
	70000
( 4	
Sig Andrea Salazar Orte	gnature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

