# 114000 No1568

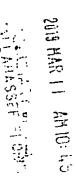
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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### Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

March 7th, 2019

Certified Mail Return Receipt Requested No.7017 3380 0000 6288 5846

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314



Ref: Articles of Amendment to Articles of Organization of Siena Ventures LLC ("the Company")

To whom it may concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Siena Ventures LLC and check #1574 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee

Should you have any question, please do not hesitate to call us.

Very truly yours.

Diego L. Restrepo, P.A.

By:

Luisa Elena Cuadrado, Paralegal

## **COVER LETTER**

TO:	Registration Se Division of Cor						
0116.11		NTURES ELC					
SUBJE	:CT:	Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		DIEGO L. RESTREPO E	SQ.				
		<del></del>	Name of Person	<del></del>			
		DIEGO L. RESTREPO P.	Α.				
			Firm/Company				
	2600 SOUTH DOUGLAS ROAD, SUITE 913						
			Address	<del></del>			
		CORAL GABLES, FL 33	134				
			City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please c	·	Carri			
DIEGO L. RESTREPO ESQ.			305 447-9430 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	5.00 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**

AR		AMENDMENT	
ART	TICLES OF C	O DRGANIZATION DF	and assigned
SIENA VENTURES LLC			The state of the s
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited I.	iability Company	were filed on 10/16/2014	and assigned
Florida document number L14000161568	<u></u> .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
		<del></del>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			rds, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street add	ress
			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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA CATALINA VELASQUEZ	2600 SOUTH DOUGLAS ROAD, SUITE 913	🗆 Add
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD. SUITE 913	<b>∃</b> Add
		CORAL GABLES, FL 33134	□ Remove
		<del> </del>	☐ Change
			🗆 Add
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ը ը <b>ք</b> ու	tive dute if other than the dute of filing.	
Note:	tive date, if other than the date of filing:	07 (3)(las the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	of:
Dated	MARCH 6 /2019/	
	View Me	
	Signature of a number or authorized representative of a member	
	DIEGO L. RESTIPEPO ESQ., AUTHORIZED REPRESENTATIVE	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00