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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

8 23 20th

## **COVER LETTER**

TO:	Registration Sec Division of Corp		
SUBJE	MYLIZA L	LLC	
SUBJE	C1:	Name of Limited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspor	ndence concerning this matter to the following:	
		Myrian L Zamorano	
		Name of Person	
		MYLIZA LLC	
		Firm/Company	
		305 W Coral Trace Cir	
		Address	
		Delray Beach, FL 33445	
		City/State and Zip Code	
		lissettzamorano@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please call:	
Myria	n L Zamorano	-4 ( )	
	Name of		
Enclose	d is a check for the	e following amount:	
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

MYLIZA LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Liability Compan	ny were filed on 10/23/2	2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		, 5a	
(Principal office address MUST BE A STREET ADDRESS)		ტ.დ. შე	7
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Enter new mailing address, if applicable:	·		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		r <del></del> '(/)	F ( )
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	*	Þ	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the	e name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Sandra Patricia Rios	Calle 9na #114-195	<b>Add</b>
		Casa #10	☐ Remove
		Cali, Colombia	
			Add
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		dditional sheets, if necessary.)
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ffective date, if other than the date effective date must be specific, cannot be date this document is filed by the Floric	te of filing:  pe prior to date of receipt or filed date and can be partment of State)	(optional) nnot be more than 90 days after
	•	
Dated December 10	2014	
pared	, 2014	
pared	•	tative of a member

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SECRETARY OF STATE
TAIL AHASSEE, FLORIO

Page 3 of 3

Filing Fee: \$25.00