L15000033148

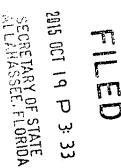
(Re	questor's Name)	
(Ad	dress)	
· . (Ad	dress)	
(Cit	y/State/Zip/Phone) #)
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(Do	cument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SURI	My Ally. L	LC.		
-		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Diana M. Gonzalez Monte	ero	
			Name of Person	**************************************
			Firm/Company	
		2426 Coolidge St		
			Address	
		Hollywood, FL 33020		
		diana.gonzalez@miasistent	City/State and Zip Code e24.com	
			to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Tamai	ra Gonzalez		561 932-9995	
	Name of	Person	at ()	Telephone Number
Enclos	sed is a check for th	e following amount:		
₩ \$2	25.00 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

My Arry, LEC		
(Name of the Limited L. (A F	ability Company as it now appears on of formal company)	or records.)
The Articles of Organization for this Limited Liabil Florida document number L15000022148	ity Company were filed on February	y 5th, 2015 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	7)	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regist company has been notified in writing of this char	nd complete performance of my d ed agent as provided for in Chapt stered office address, I hereby co	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	ignature of New Registered Agent
	Page 1 of 3	F P P

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
AP	Rosalba J Gallardo Negron	15261 SW 117 Lane	□ Add
		Miami, FL 33196	■ Remove
			☐ Change
AMBR	Diana M Gonzalez Montero	2426 Coolidge St.	Add
		Hollywood, FL 33020	□ Remove
			■ Change
AMBR	Tamara T Gonzalez	2426 Coolidge St.	□ Add
		Hollywood, FL 33020	Remove
			Change
			Remove
			☐ Change
		<u>.</u>	_ □ Add
			□ Remove
			Change
			ASSET OF STATE ASSET FLORIDA ASSET FLORIDA

•				
			<u> </u>	
	•			
			·	
			 	
		 		
			•	
E. Effec	tive date, if other than the date of f	iling:	(optional)	05 (2)(1)
Note:	If the date inserted in this block does rement's effective date on the Department	not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a	as the
	ecord specifies a delayed effective 90th day after the record is fil		me, at 12:01 a.m. on the earlier ϵ	of:
_	October 12	2015		
Dated		· · · · · · · · · · · · · · · · · · ·	•	
		- $ 1$	100 Z	
		Tena Corda		
	Signature of	of a member or authorized representative of	and the same of th	
	Diana M Ganzalaz Mantana		ώ <u>ξ</u> −	
	Diana M Gonzalez Montero			
		Typed or printed name of signee	: F T U	
			L STA.	
			ATE RIDE	
		Page 3 of 3	©™ ω	

Filing Fee: \$25.00