45000027138

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Corp			
E-TOT LLC SUBJECT:	•		
SUBJECT:	Name of Lim	ited Liability Company	——————————————————————————————————————
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	CARLOS CABRERA GOI	MEZ	
		Name of Person	
	E-TOT LLC		
		Firm/Company	<u> </u>
	66 W FLAGLER ST #1202	2	
		Address	——— ∺
	MIAMI, FL 33130		2018 SEP SECRETA
		City/State and Zip Code	ABS SEP
	ienbaber@casoca-corp.com		SS I
For further information co	E-mail address: (0	to be used for future annual report notifica all:	
CARLOS CABRERA GO	OMEZ	305 322 0632	S: 06 ORIOA
Name of	Person		elephone Number
Enclosed is a check for th	e following amount:		
\$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

E-TOT LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company)	3	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L15000027138}{L15000027138}$.	any were filed on	<u> </u>	and assigned
This amendment is submitted to amend the following:			
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 L	iability Company," the designation "LLC"	or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	1		
	<u></u>	53	
Enter new mailing address, if applicable:		Ar.	SE II
(Mailing address MAY BE A POST OFFICE BOX)		SSA	anna primaria
		m _s	
		5015 515	(D
B. If amending the registered agent and/or registered		enter the	name of the n
registered agent and/or the new registered office address	here:	>	σ
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor	rida	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN ANTONIO FELGUEROSO	AV VALDEMARIN 121 NUM 6	
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			Add
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Filing Fee: \$25.00