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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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STATE OF THE STATE

N. CAUSSEAUX JUL -2 2018

COVER LETTER

SUBJECT: A		ESTADOS OULD ted Liability Company	ios uc
	Amendment and fee(s) are subr		
riedse tetam un correspor	ndeace concerning this matter t	o the following.	
	Giovanni /	Armeindo Lela Name of Person	Jewama
	Apostille	En Estaclos Firm Company	Condos
	1100 (W line St	
	Kissim	mee Il 30	1741
	admin a F	City/State and Zip Code City/State and Zip Code Obe used for future annual report notifica	ilai.(om
For further information co	oncerning this matter, please ca	II;	
GINCINN! Name of	A Valdeman	<u>16 ar (850), 339-</u>	- 8886 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:

TO:

Registration Section Division of Corporations

> 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	
(Name of the Limited Liability Company) (A Florida Limited Lia	en Estacles Uniclos (Castinow appears on our records.)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{ C\rangle}{ C } = \frac{ C }{ C } = \frac{ C }{ C }$ and assigned
Florida document number <u>L1500008 25'8</u> .	()
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Parameter and the second secon	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Enter new mailing address, if applicable:	
•••	29 14 17 17
(Mailing address MAY BE A POST OFFICE BOX)	725 1 1 1 2
	X
	9:
B. If amending the registered agent and/or registered offi	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Neur Danietarad Office Address	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
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9.2E	fective date, if other than the date of filing:						
9.2E	Signature of a member or authorized representative of a member						
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26	ective date, if other than the date of filing:	<u></u>	<u></u>				
6	ective date, if other than the date of filing:				- .		
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member or authorized representative of a member.						<u> </u>
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Filing Fee: \$25.00