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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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T. MATTHEWS MAY 18 2022

COVER LETTER

TO:

TO: Registration Sc Division of Cor			
SIERRALT	'A & ASOCIADOS LLC		
SUBJECT:	Name of Lini	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIBEL ASCANIO OS	STOS	
		Name of Person	
	SIERRALTA & ASOCIAI	JOS LLC	
		Firm/Company	
	5805 BLUE LAGOON DR	R STE 200	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	
	maribelascanio@hotmail.co	om to be used for future annual report not	(Const. 11)
For further information c	encerning this matter, please c		meanom
MARIBEL ASCANIO (OSTOS	786 2820724	
Name c	d Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
置 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Se0.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 631		The Centre of	
Tallahassee,	PL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears or aability Company)	our records.)
The Articles of Organization for this Limited Li		were filed on 07/20/	2015 and assigned
Florida document number 1.15000123406			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		HHHBISCAYNE	BLVD UNIT 1010
		MIAMI FLORIDA 33181	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11111 BISCAYNE	BLVD UNIT 1010
		MIAMI FLORIDA	33181
B. If amending the registered agent and/or i agent and/or the new registered office addre		address on our reco	ords, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	MORRIS SIERRALTA		
New Registered Office Address:	1817 S OCEA	N DRIVE	
		Enter Florida	street address
	HALLANDAU	Е ВЕАСН	, Florida <u>33009</u>
		Circ	

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ ☐ Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			
			□Remove
			☐ Change
			□Add
			□Remove

New Address for Maribel Dafn	ne Ascanio Ostos is :11111 Biscayne Blvd unit 1010, Miami Florida 33181
fective date if other than the d	date of filing: (optional)
on effective date is listed, the date must nte: If the date inserted in this bloomeument's effective date on the Dep	date of filing:
ecord specifies a delayed effective is filed.	edate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 22	2022
	Signature of a membersor authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee