## L15000128356

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:  | Registration S<br>Division of Co |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| CHDH   | ECT:                             | LAS MARI                                       | AS PRODUCTS, LLC  |  |  |
| 20 031   | <u></u>                          | Name of Lin                                    | nited Liability Company   |  |  |
| The en   | closed Articles of               | Amendment and fee(s) are sub                   | omitted for filing.   |  |  |
| Please   | return all correspo              | ondence concerning this matter                 | to the following:   |  |  |
|  | Gabriel Ramos MBA                |  |   |  |  |
|  |                                  |  | Name of Person  |  |  |
|  |                                  | В  | Ramos, Ramos & Company  |  |  |
|  |                                  |  | Firm/Company  | <del>-</del>   |  |
|  |                                  | 83   | 798 SW 8th Street, Suite 6  |  |  |
|  |                                  |  | Address   | <del></del>  |  |
|  |                                  |  | Miami, FL 33174   |  |  |
|  |                                  | <del>-</del>                                   | City/State and Zip Code   |  |  |
|  |                                  |  | to be used for future annual report no                              | otification)   |  |
| For fur  | ther information c               | oncerning this matter, please c                | all:  |  |  |
| Gabrie   | l Ramos MBA                      |  | 305 220-2127 at (   |  |  |
|  | Name o                           | f Person                                       | Area Code Dayt  | ime Telephone Number   |  |
| Enclose  | ed is a check for th             | ne following amount:                           |   |  |  |
| □ \$2:   | 5.00 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 |                                  | Street Address:<br>Registration S              | Section   |  |  |
|  |                                  | Division of Co                                 | orporations   |  |  |
|  | P.O. Box 632<br>Tallahassee, I   |  | The Centre of 2415 N. Mont  | Tallahassee<br>oe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LACAMADIA C DECIDENCE CALC

|  | LAS MARIAS PR                                 |   |                       |                        |
|--|---|---|-----------------------|------------------------|
| (Name of the Lim   | ited Liability Compa<br>(A Florida Limited)   | iny as it now appears<br>Liability Company) | on our records.)      |                        |
| The Articles of Organization for this Limited in Linda document numberL1500012835        |   | were filed on                               | July 28, 2015         | and assigned           |
| his amendment is submitted to amend the fol  | llowing:                                      |   |                       |                        |
| A. If amending name, enter the new name  | of the limited liab                           | ility company her                           | <u>e</u> :            |                        |
| he new name must be distinguishable and contain the                                      | words "Limited Liabil                         | lity Company," the des                      | ignation "LLC" or the | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:                                      |   | 1660 W 31st Stree                           | et/Place              |                        |
| Principal office address MUST BE A STRE  | Hialeah, FL 3301                              | 2   |                       |                        |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)  |   | Hialeah, FL 3301                            |                       | · ·                    |
| . If amending the registered agent and/or<br>gent and/or the new registered office addre |   | address on our rec                          | ords, enter the na    | ime of the new registe |
| Name of New Registered Agent:  | Maria M. Escue                                | ela   |                       | 2:15<br>61:25          |
| New Registered Office Address:   | New Registered Office Address: 1660 W 31st St |   |                       |                        |
|  |   | Enter Florid                                | a street address      | <del></del>            |
|  | <del></del>                                   | Hialeah                                     | , Florida _           | 33012                  |
|  |   | City  |                       | 7in Corla              |

## 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, If.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 |
|--------------|--------------|--------------------|----------------|
| MGR          | Fidel Lozada | 9751 NW 46 Terrace |                |
|              |              | Miami, FL 33178    |                |
|              |              |                    |                |
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| ). If amending a                       | ny other information, enter change(s) here: (Attach additional sheets, if necessary.)                               |
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| (If an effective date Note: If the dat | if other than the date of filing:   |
| the record specifie<br>cord is filed.  | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                                  | July 06 202   |
| <u> </u>                               | Signature of a member or authorized representative of a member  |
|  | Maria M. Escuela  |
|  | Typed or printed name of signee   |