L15000130059

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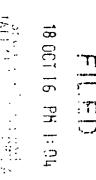
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T SCHROEDER

COVER LETTER

D	ivision of Cor	porations		
SUBJECT	Altura 20 L l:			
30bJr.C	·	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Mauro Calligaro		
			Name of Person	
		Altura 20 LLC		
			Firm/Company	
		6362 Vineland rd., Apt# 201	1	
		 	Address	<u> </u>
		Orlando, FL 32819		
			City/State and Zip Code	
		mcalligaro@gmail.com		
		E-mail address: ()	to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
Mauro Ca	lligaro		321 277-2293 at ()	
	Name of	f Person	at ()	Telephone Number
Enclosed i	s 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

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

Altura 20 LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) ony)	
the Articles of Organization for this Limited L forida document number <u>L15000130059</u>		n _07/29/2015	and assigned
his amendment is submitted to amend the following	owing:		
a. If amending name, enter the new name of	f the limited liability compar	ny here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
Principal office address MUST BE A STREI	ET ADDRESS)		i G 'r
			- 6
			P T
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)). (2).
			F1 124 /
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	<u>~</u>	s on our records, <u>en</u>	ter the name of the
	6362 Vineland rd., Apt# 20)1	
New Registered Office Address:	<u></u> -	r Florida street address	·
	Orlando	, Florida	32819
	City	, FIOFIGA	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.

ti 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	Vargas Prada, Vanessa	6362 Vineland rd., Apt# 201, Orlando, FL 32819	Add
			Remove
			Change
			□ Add
			☐ Remove ☐ Change
			Add T
			□ Remove ☐ Change
			☐ Remove
			☐ Change
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	5.0	
Effe	ctive date, if other than the date of filing:	
fian d Note	iffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	(<u>02</u> 07 ed as
	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of
Th	e 90th day after the record is filed.	
n.,	d octobien 10, 12018.	
Date	$\sim 10^{\circ}$ \times	
Date		
Jate	Signature of a member or sutherized representative of a member	
Date	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00