

45000 132625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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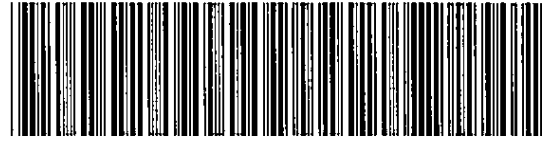
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------|--------------------------------------------|
| MGR          | CRISTINA OTERO    | 7283 NW 36TH STREET | <input checked="" type="checkbox"/> Add    |
|              |                   | DORAL FL 33166      | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
| RIGOB        | ANGY DELGADO      | 7283 NW 36TH STRET  | <input checked="" type="checkbox"/> Add    |
|              |                   | DORAL FL 33166      | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
| MGR          | RIGOBERTO MORENO  | 7283 NW 36TH STREET | <input checked="" type="checkbox"/> Add    |
|              |                   | DORAL FL 33166      | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
| MGR          | ANA C. LARRAZABAL | 7283 NW 36TH STREET | <input type="checkbox"/> Add               |
|              |                   | DORAL FL 33166      | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
| MGR          | RICARDO NAVA      | 7283 NW 36TH STREET | <input type="checkbox"/> Add               |
|              |                   | DORAL FL 33166      | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: MAY 3, 2019 (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 3 2019

x [Handwritten signature]

Signature of a member or authorized representative of a member

RIGOBERTO MOLENO

Typed or printed name of signee