# L15000177758

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(Ad	dress)	
<b>(A</b> d	dress)	
(Cit	ty/State/Zip/Phone	<del>e</del> #)
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SECRETARY OF STATE.

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# **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: FOYTO	Mg 1804 PT Name of Limit	ted Liability Company	LIC.
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	ta Austan	Name of Person	
	Avotan	SrC maurice Firm/Company	
	6445	NW 2ND AVE	<u> 4P+ 11</u>
	miani Pl	33125 City/State and Zip Code	
	For twe 18 E-mail address: (1	OH Promotiona gro o be used for future annual report hotifica	A Q gmair com
For further information con	cerning this matter, please ca	11:	S NOV
Name of F		at ( <u>786</u> ) <u>139</u> Area Code Daytime T	ation) SECRETARY Celephone Number STAFE CORIDA
\$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:

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

С			
ited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company villorida document number 115000177758			and assigned
lowing:			
of the limited liab	ility company here:		
words "Limited Liabil	ity Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
cable:	6445 nw 2nd ave		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
<u> </u>	miami fl 33150		
	6445 nw 2nd ave		
E ROX)	apt 11		
7 50117	miami fl 33150		
office address her	<u>e</u> :	r records, enter	the name of the
155 ne 59th st a	apt 4	HAS	- N
	•	reet address	10
miami		, Florida 3	3137
	City	95	Zip Code
Registered Agent:	,	57	ഗ <b>മാ</b>
	ited Liability Compa (A Florida Limited I Liability Company Liability Company lowing:  of the limited liab words "Limited Liabil cable: ET ADDRESS)  I/or registered of office address her  Alexandre Mau 155 ne 59th st a miami	ited Liability Company as it now appears on (A Florida Limited Liability Company)  Liability Company were filed on 10/20/2  lowing:  of the limited liability company here:  words "Limited Liability Company," the designate of the limited Liability Company, the designate of the limited Liability Company, the designate of the limited Liability Company here:    6445 nw 2nd ave	ited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  Liability Company were filed on 10/20/2015  lowing:  of the limited liability company here:  words "Limited Liability Company," the designation "LLC" or the a cable: 6445 nw 2nd ave apt 11 miami fl 33150  6445 nw 2nd ave apt 11 miami fl 33150  6445 nw 2nd ave apt 11 miami fl 33150  Alexandre Maurice Alexandre

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>	<u>Address</u>	Type of Action
mgr	Alexandre Maurice	155 ne 59th st apt 4 miami fl 33137	■ Add
			Remove
	•		Change
			□ Add
			□ Remove
			☐ Change
			Add
		<del></del>	☐ Remove
			□ Change
		TAELAHI	20 Remove
		HASSEE, F	□ Change
			Add Remove
			☐ Change
			Remove
			☐ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	2015 SEC TALL	
_	en e	
E. Effect	tive date, if other than the date of filing:  11/05/2015  (optional)  (frective 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)	<u>ነ</u> ረትነ
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the pent's effective date on the Department of State's records	e
docum	Solit Selfcedive date on the Department of State S records.	
If the real (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.	
Dated	november 5 2015	
Dated		
	Signature of a member or authorized representative of a member	
	alexandre maurice	

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Typed or printed name of signee

Filing Fee: \$25.00