

L15000187372

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MAY 19 2017

S. YOUNG

17 MAY 18 AM 3:30

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMONA10 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THAMARA PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

419 W 49 ST, STE 111

Address

HIALEAH, FL 33012

City/State and Zip Code

TAMMYP@TABADESA.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

THAMARA PEREZ

305

558 - 0622

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

SIMONA10 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/04/2015 and assigned
Florida document number L15000187372.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

419 W 49TH ST SUITE111

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

419 W 49TH ST SUITE111

HIALEAH, FL 33012

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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.

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>	<u>Type of Action</u>
MGR	FIGARO10 LLC	310 ALDER ROAD	<input type="checkbox"/> Add
		DOVER, DE 19904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALBERTO ARAUJO	17315 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1404	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Change
MBMR	LAURA VARAS	17315 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1404	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Change
MBMR	MARINA ARAUJO VARAS	17315 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1404	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Change
MBMR	SOFIA ARAUJO VARAS	17315 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1404	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Change
			Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
MBMR	PAULA ARAUJO VARAS	17315 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1404	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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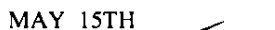
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 15TH 2017

MAY 15TH 2017


Signature of a member or authorized

THAMARA PEREZ

Signature of a member or authorized representative of a member

THAMARA PEREZ

Typed or printed name of signee