## L15000206978

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration of	n Section Corporations
emb in		SDE LLC
SUBJE		Name of Limited Liability Company
		of Amendment and fee(s) are submitted for filing.
		Thamara Perez
		Name of Person Tabadesa Associates
		Firm/Company 419 W 49th 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)
For furt	ther information	on concerning this matter, please call:
Thamra	a Perez	305 558-0622 at()
	Nar	ne of Person Area Code Daytime Telephone Number
Enclose	ed is a check f	or the following amount:
<b>■ \$2</b> 5	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

PETRESDE LLC					
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability C	ompany were filed on 12/11/2015	and assigned			
Florida document number L15000206978	<b>_</b> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of				
Enter new principal offices address, if applicable:		19 SEE			
(Principal office address MUST BE A STREET ADDR	RESS)	· 對意力			
		- SSS 28 F			
75 A 97 . 33 . 36 . 37 54					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)					
<u></u>		> <del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the nev			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Flori				
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MANAGER	JAVIER PEDRAZZOLI	460 NE 28 STREET	
MMGR			
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ocument's effective date on t	the Department o	of State's records.					
e record specifies a del The 90th day after the			t an effective	time, at 12:01	a.m. on th	e earliei	r o
April 19	_	2019					
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Typed or printed name of signee

Filing Fee: \$25.00