L16 0000 Z9350

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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TROVIS AN 7: 34 SECRETARY OF STATE TALLAHASSEE, FLORIN

COVER LETTER

10	Division of Cor			
SI	ENZEK LI J BJECT:	LC .		
	Name of Limited Liability Company			
Th	ne enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Ple	ease return all correspo	ondence concerning this matter t	to the following:	
		JULIANA PIETA		
			Name of Person	
		TAX CONTROLLER INC		
			Firm/Company	
		750 E. SAMPLE RD BLDG 3 BAY5		
			Address	
		POMPANO BEACH, FL 3	3064	
			City/State and Zip Code	<u> </u>
		JULIANA@TAXCONTRO	LLER.COM o be used for future annual report notifice	
				ation)
Fo	or further information c	oncerning this matter, please ca	ill:	
JŲ	JLIANA PIETA		954 301-1848 at ()	
_	Name o	f Person	Area Code Daytime T	Celephone Number
Er	nclosed is a check for t	he 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

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L16000029350	iability Company	were filed on 02/11/2016 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3069 NW 26TH ST.	
(Principal office address MUST BE A STRE		FORT LAUDERDALE, FL 33311	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of the new	Vor registered o	FORT LAUDERDALE, FL 33311 ffice address on our records, enter the name of the nee:	
		The The second	
Name of New Registered Agent:	ENRICO V MA	ACHADO E	
New Registered Office Address: 3069 NW-26T		H ST. S	
	FORT LAUDE	RDALE Florida 3351	
New Registered Agent's Signature, if changing	Registered Agent:	City STAP Cont.	
		ree to act in this capacity. I further agree to comply with to performance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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>	Address	Type of Action
AMBR	ENRICO V MACHADO	3069 NW 26TH ST.	
		FORT LAUDERDALE, FL 33311	□ Remove
			Change
AMBR	MARCELO ZELADA	3069 NW 26TH ST.	□ Add
		FORT LAUDERDALE, FL 33311	. Remove
			☐ Change
			Add
			□ Remove
			Change
			
			□ Remove
		·	□ Change
			Add
			☐ Remove
			Change
		•	Add
			Remove
			☐ Change

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled.		
ective date, if other than the date of filing:		·
ective date, if other than the date of filing:	***	
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ective date, if other than the date of filing:		AZ N
ective date, if other than the date of filing: (optional)		SE
ective date, if other than the date of filing:		
ective date, if other than the date of filing:		
ective date, if other than the date of filing:		<u> </u>
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled. OCTOBER 26TH OCTOBER 26TH Signature of a member or authorized representative of a member		38.
OCTOBER 26TH 2017 ed Signature of a member or authorized representative of a member	ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prio lote: If the date inserted in this block does not meet the appli ocument's effective date on the Department of State's records	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 icable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member	e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of
	ated OCTOBER 26TH 2017	··
Typed or printed name of signee	Signature of a member or auth	horized representative of a member
, , , , , , , , , , , , , , , , , , ,	Typed or prin	nted name of signee

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