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(Req	uestor's Name)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Somend

COVER LETTER

Division of Cor	porations			
LAMPREY	'LLC			
Sobject,	Name of Lim	ited Liability Company	. ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GAETANO LAVEGLIA			
		Name of Person	.	
	LAMPREY LLC			
		Firm/Company		
	2400 SW 27TH AVE APA	ARTMENT 402		
		Address		
	MIAMI, FL 33145			
	GLAVEGLIA@LAMPREY	City/State and Zip Code /USA.COM		
	E-mail address: (to be used for future annual report noti-	fication)	
For further information of	oncerning this matter, please ca	all:		• • •
GAETANO LAVEGLIA		786 6094316 at ()		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			D SF ST STURE TO 2:
■ \$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)	s & □ 531 S & □ 585

MAILING ADDRESS:

Registration Section

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

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	. 	
The Articles of Organization for this Limited I	Liability Company	were filed on 02/11/201	16	_ and assigned	i
This amendment is submitted to amend the fol	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if appli	2400 SW 27TH AVE	APARTMENT 402			
Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI, FL 33145			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2400 SW 27TH AVE A MIAMI, FL 33145	APARTMENT 402		
B. If amending the registered agent and registered agent and/or the new registered of	•		records, enter the	name of th	ie ir
Name of New Registered Agent:	GAETANO LA	AVEGLIA		(1) (2) (2)	.5.
New Registered Office Address:	2400 SW 27TF	I AVE APARTMENT 40	2		
		Enter Florida stre	et address	7.7	_; =
	MIAMI		, Florida 23145		<u>E</u>
		City		Zip Code	. ,

New Registered Agent's Signature, if changing Registered Agent:

LAMDDEVILC

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	ANEZ, ROBERTO C, SR		5.44
		8791 W 33TH AVE	
		HIALEAH, FL 33018	■ Remove
			☐ Change
MGR	LAVEGLIA, GAETANO, SR		
		2400 SW 27TH AVE MIAMI, FL 33145	□ Remove
			🗎 Change
			Add
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ective date, if other than the date is effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	e specific and cannot be c does not meet the a	prior to date of filing pplicable statutory	or more than 90 day	s after filing.) Pursuan	
record specifies a delayed e he 90th day after the record		t not an effecti	ve time, at 12:	01 a.m. on the	earlier
ed MARCH 18TH	, 2019				
	+	1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00