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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	ocument Number)	
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TO SEE STATE OF STATE AND A STATE OF STATE

FILED

S Warren

DEC 22 2016

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	1773 Aper			
SUBJE	.СТ:	Name of Lin	nited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
	•	Luisa Rengifo		
			Name of Person	
		Luisa F. Rengifo, PA		
			Firm/Company	
		2200 N. Commerece Pkwy	y #200	
			Address	
		Weston, FL 33326		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	A
		luisar@luisalaw.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	concerning this matter, please ca	all:	
Luisa Ro	engifo		954 529-2134	
	Name o	f Person	at ()	Telephone Number
Enclosed	l is a check for th	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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on Florida Limited Liability Company)	our records.)
pility Company were filed on $\frac{3/21/20}{1}$	and assigned
ving:	
he limited liability company here:	
ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
ole:	
ADDRESS)	
	海道 雪
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<u></u>	FS
	ORIO
	» w
registered office address on ou	r records, enter the name of the ne
e audress here:	
Enter Florida s	treet address
	Florido
City	, Florida Zip Code
	ring: he limited liability company here: ds "Limited Liability Company," the design lee: ADDRESS) Tregistered office address on outer address here: Enter Florida s.

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>	Address	Type of Action
MGRM	Manuel Quintero	•	Add
			Remove
			☐ Change
MGRM An	Ana Maria Escobar Quintero	3200 Huntington	
		Weston, FL 33332	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
		,	Remove
			Change

nending any other inform	-			
-			***	
frective date, if other than the frective date is listed, the date in	e date of filing:ust be specific and cannot be prior to	o date of filing or more than 90	(optional) days after filing.) Pursuant to	605
	block does not meet the applicat Department of State's records.	ble statutory filing requirer	nents, this date will not be	listo
ecord specifies a delaye e 90th day after the rec	ed effective date, but not cord is filed.	an effective time, at	12:01 a.m. on the e	arlie
December 20	2016			
December 20	2016		90 22	
December 20	2016 ————————————————————————————————————			П
d December 20	Signature of a member or author	_ · ized representative of a memb	oer 755 C	
December 20	Signature of a member or author	F. Rengifo	Per Pare C	
December 20	Signature of a member or author	F. Rengifo	Per Per Co	ロニロラ

Filing Fee: \$25.00