116000070124

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
·	ŕ	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	usiness Entity Name	<u>a)</u>
(DC	Jamess Entity Harris	-,
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900319869139

10/26/18--01013--026 **25.00

ZIM OCT 26 P III 10

11/18/18/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ns as it now appears on our records.) Liability Company)				
ne Articles of Organization for this Limited Liability Company were filed on APRIL 08, 2016 and assigned orida document number L16000070124					
This amendment is submitted to amend the following:	nitted to amend the following: enter the new name of the limited liability company here: Inquishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inces address, if applicable: In MIAMI, FL 33186 In REESE RD. APT 418 In REESE RD. APT 418 DAVIE, FL 33314 In REESE RD. APT 418 In REESE RD. A				
A. If amending name, enter the new name of the limited liab	ility 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:	14342 SW 97 LANE				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186	2. 6			
Enter new mailing address, if applicable:	6110 REESE RD. APT 418	\			
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33314	27			
		Ec. O			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Floridu street address	ANE APT 418 Our records, enter the name of the new			
	, Flori				
	Ciņ _'	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 Changlog 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

Title	<u>Name</u>	Address	Type of Action
MCD	MONICA B. POSADA-FINA	16048 SW 143 ST	
MGR			Add
		MIAMI, FL 33196	
		 	Remove
			Change
MGR	PABLO C PINEDA-ROMERO	16048 SW 143 ST	
		MANU EL 2010/	Add
		MIAMI, FL 33196	□ Domesse
			Remove
			☐ Change
cn	CLAUDIA GURGESS	805 NEWELL AVE.	
MGR			
		DALLAS, TX 75223	200
			30.0
			Change Trong
			Chamge
			Remove
			82
			Remove
			☐ Change
			D Add
			LI AUU
			Remove
			•
			□ Change
			_
			□ Remove
			Chanca.

	1171.101, 1110.	M AMBR TO	4GK		
		·			
			· 		
		<u></u>			
		·····			
	<u></u>		<u></u>		
					
					
		<u> </u>		57 . 1501	
				1	
	<u>-</u> -		<u> </u>)T 2	ç
		······		F. 5	
					
				<u></u>	
				10A	
fective date, if other than the date of filing: in effective date is listed, the date must be specific and casote: If the date inserted in this block does not mee becoment's effective date on the Department of State	inot be prior to d t the applicable	ate of filing or mon statutory filing i	than 90 days after equirements, this	filing.) Pursuant to 605	5.020 ted as
record specifies a delayed effective date The 90th day after the record is filed.	e, but not a	n effective tin	ne, at 12:01 a	a.m. on the earli	ier o
OCTOBER 24	2018				
		•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00