## Ulottonall

(Re	questor's Name)	
(Ad	dress)	
(A.)	d	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SELRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 1 9 2016 S. YOUNG

## **COVER LETTER**

TO:		istration Solition of Col			
SÙBĴE	CT.	MR COM	ELON LLC1		
SUBJE	CI;		Name of Lin	nited Liability Company	
The enci	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
			ondence concerning this matter	•	
			MAXIMILIANO CAPUZ	ZI	
			494 - Mark Brook - Marketon - American	Name of Person	- ASA
			MR COMELON LLC		16 APR 18
				Firm/Company	
			13731 SW 90th AVE # N	-201	APR 18 PM 4: 27
				Address	
			MIAMI FL 33176		27
				City/State and Zip Code	
			machizz@hotmail.com	to be used for future annual report no	WE
For furth	her in	formation o	concerning this matter, please c	•	uncauon
MAXIM	AILL/	ANO CAPU	ZZI	786 612-1875	
		Name o	f Person		me Telephone Number
Enclosed	d is a	check for the	he following amount:		
\$25.	.00 F	iling 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)
		Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records.) orida Limited Liability Company)	
ty Company were filed on APRIL 11,2016	and assigned
g:	, TAS
limited liability company here:	16 A
	APR APR
"Limited Liability Company," the designation "LLC" or th	السوات المراجع
<u></u>	PA CONT
DDRESS)	2 3
2	
egistered office address on our records, <u>ent</u> address here:	er the name of the nev
Enter Florida street address	
, Florida	Zip Code
	g:  limited liability company here:  'Limited Liability Company," the designation "LLC" or the segment of the s

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

OR COMELONITION

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
		**************************************	Add.
			□ Remove
			☐ Change
			Add
			□ Remove
		***************************************	☐ Change
<u> </u>			
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	<b>&amp;</b>
ective date, if other than the da	ate of filing: (optional)
effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 k does not meet the applicable statutory filing requirements, this date will not be list
ument's effective date on the Depa	
record specifies a delayed e he 90th day after the recon	effective date; but not an effective time, at 12:01 a.m. on the earli d is filed.
ed April 14	2016
ed.	
	-11/R.

Page 3 of 3

Filing Fee: \$25.00