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COVER LETTER

Divi	ision of Cor	porations			
SUBJECT:	VIAJES 11	.H LLC			
ocourci.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LUIS R. SMITH			
			Name of Person		
		JESSEL INVESTMENTS	LLC		
			Firm/Company		
		11402 NW 41ST STREET	SUITE 211		
			Address		
		DORAL, FL 33178		SEC TALLL	
		LM.JESSEL@GMAIL.CO	City/State and Zip Code M	RETARY AHASSI	
		E-mail address: (to be used for future annual report notific	cation) MS	1
For further in	formation co	oncerning this matter, please ca	all:	A * F STA FLOR	Ö
LUIS R. SM	ITH		305 470-2429 at ()	A DIN	
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	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 State Certified Copy	
• :	٠.		· · · · · · · · · · · · · · · · · · ·	(additional copy is enc	:losed)
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MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	ed Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lie Clorida document number L16000071947	ability Company	were filed on 04/12/2016	5	and assigned
his amendment is submitted to amend the follo	wing:			
a. If amending name, enter the new name of	the limited liab	oility company here:		
he new name must be distinguishable and contain the wo	ords "Limited Liabi	ity Company," the designatio	n "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		7340 NW 114TH AVE		
Principal office address MUST BE A STREE		DORAL, FL 33178		
Enter new mailing address, if applicable:		7340 NW 114TH AVE	SECRE TALLAH	7
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	DORAL, FL 33178	TARY O ASSEE,	, =
3. If amending the registered agent and/o egistered agent and/or the new registered of			FLC FLC	name of the
Name of New Registered Agent:	MARCOS G. V	VILORIA ROBLES		
New Registered Office Address:	7340 NW 114T	TH AVE		
		Enter Florida street	t address	
	DORAL		, Florida ³³¹⁷⁸	
	•	Citv		p Code

VIAIES 11 11 LLC

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
MGR	DOUGLAS VELAZQUEZ	16964 SW 92 STREET	
		KENDALL, FL 33196	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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