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MISSING CONTRACT OF CONTRACT C

COVER LETTER

то:	Registration Sec Division of Corp			• •
CUDII	375 Poincia	na LLC		
SUBJE	.C.1:	Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Marina Lyubarsky		
			Name of Person	· · · · · ·
		ARIA Mktg		
			Firm/Company	
		79 SW 12 Street, Suite 120		
			Address	
		Miami, FL 33130		
		marinalyubarsky@gmail,co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Marina	Lyubarsky		917 434-4455 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$25	5.00 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_______. Florida _______

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>	<u>Address</u>	Type of Action
AMBR	Marina Lyubarsky	79 SW 12 Street, # 1202 Miami, FL 33130	\bar{\bar{\bar{\bar{\bar{\bar{\bar{
			□ Remove
			Change
AMBR	Aria Mktg	79 SW 12 Street, # 1202 Miami, FL 33130	
			Remove
			☐ Change
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			☐ Remove
			Change
			☐ Remove
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Effective da	ate, if other tha	an the date of	f filing:			(01	otional)	
If an effective Note: If the	date is listed, the d date inserted in effective date on	late must be spec this block does	ific and cannot s not meet the	e applicable st	of filing or more atutory filing r	than 90 days a	fter filing.) Pursu	ant to 605.0207 (of be listed as t
he record The 90th	specifies a de n day after th	elayed effect e record is	tive date, t filed.	out not an o	effective tim	ne, at 12:0	1 a.m. on th	e earlier of:
		(2019)				
Octol Dated	per I			·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00