

L16000106481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

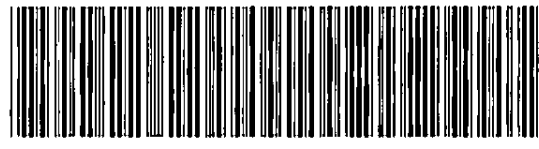
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100303824271

09/26/17--01007--018 \*\*287.50

17 SEP 26 PM 3:29

2017 SEP 28 AM 8:36

2017 SEP 28 AM 8:36

FILLED

K. SALY  
SEP 29 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

25

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/26 Glinda

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING AMEND \_\_\_\_\_

1. AFRODITA, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2017

CORPORATE ACCESS, INC.

SUBJECT: AFRODITA, LLC  
Ref. Number: L16000106481

17 SEP 28 PM 1:21:11

We have received your document for AFRODITA, LLC and your check(s) totaling \$287.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing page 2 of 3. Please sent complete form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 417A00019511

*Corrected*

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: AFRODITA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janine N. Kucaba, Esq.  
Name of Person

Stokes McMillan Antunez, P.A.  
Firm/Company

9130 South Dadeland Boulevard, Suite 1901  
Address

Miami, Florida 33156  
City/State and Zip Code

mariana@loyola-asset.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janine N. Kucaba, Esq. at ( 305 ) 379-4008  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2017 SEP 28 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AFRODITA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on 6/2/2016 and assigned Florida document number L16000106481

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

851 SW 6 Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33130-3418

Enter new mailing address, if applicable:

Alberto Perez c/o Mariana Foerster

(Mailing address MAY BE A POST OFFICE BOX)

55 Merrick Way, Suite 208

Coral Gables, FL 33134

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:

Mariana Foerster

New Registered Office Address:

55 Merrick Way, Suite 208

*Enter Florida street address*

Coral Gables

, Florida 33134

*City*

*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 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>	<u>Type of Action</u>
MGR	Alberto Perez	50 S. Pointe Drive, # 2701	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 SEP 28 AM 8:31  
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Multiple horizontal lines for amending information.

2017 SEP 28 AM 8:31  
DEPARTMENT OF STATE  
ATLANTA, GA 30334  
FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 22, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member; -7

Alberto Perez, Manager  
\_\_\_\_\_  
Typed or printed name of signee