# L16000106820

(Re	equestor's Name)	<u> </u>
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# **COVER LETTER**

Division of Co			
MONTRE SUBJECT:	AUX, LLC		
SUBJECT.	Name of Lin		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•	MARIA B. SALCEDO		
		Name of Person	
	MONTREAUX, LLC		
		Firm/Company	
	6835 COLLINS AVENUE	E, SUITE #441	
		Address	
	MIAMI BEACH, FLORII	DA 33141	
		City/State and Zip Code	
	ATLAWGROUP@AOL.C		
	E-mail address: (	to be used for future annual report notifi-	cation)
For further information	concerning this matter, please c	all:	
MARIA B. SALCEDO		305 868-3363 at ( )	
Name	of Person	Area Code Daytime	Telephone Number SSE
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)	Sectificate 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

MONTREAUX, LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) (ity Company)	<del></del>
The Articles of Organization for this Limited Liability Company wer	re filed on JUNE 1ST, 2016	and assigned
Florida document number L16000106820		
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 C	ompany," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_	<del></del> .	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	-t
egistered agent and or the new registered office address here.	r !	
Name of New Registered Agent:		THE STATE OF THE S
New Registered Office Address:	0 1 <del>1</del> 17	
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## 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.

City

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
MGR	MARIA B. SALCEDO	6538 COLLINS AVENUE #441	
		MIAMI BEACH, FL 33141	■ Remove
			☐ Change
MGR	ODETTE MARIA GONZALEZ	6538 COLLINS AVENUE #441	<b>=</b> Add
		MIAMI BEACH, FL 33141	Remove
			Change
			Add
			☐ Remove
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ective date if other than th	e date of filing: JUNE 13TH, 2	016	(ontional)	
effective date is listed, the date m	ust be specific and cannot be prior to colock does not meet the applicable	late of filing or more than 90	days after filing.) Purs	uant to 605.02
nument's effective date on the		e statutory ming requirem	ients, tills date will i	iot oc listed i
ropped appoints a date of	ا العادا العادات والمساهورة	m affination to	12.01	L
he 90th day after the re	ed effective date, but not a cord is filed.	n ellective time, at .	ız:uı a.m. on t	ne earlier
IUNE 7TH	2015			
ed JUNE 7TH  Quio B	, 2015			
$A(A) \setminus A$	$\sim 50$ h. $\sim$		er	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00