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TO:	Registration S Division of Co			· · · · · · · · · · · · · · · · · · ·
a	CR & S (CONSORCIO JURIDICO		
SUBJE	UI:	Name of Lim	ited Liability Company	
		of Amendment and fee(s) are sub pondence concerning this matter	_	
		EDISON SANCHEZ		
				
		CR & S CONSORCIO JU	RIDICO	
Firm/Company				
	Firm/Company 630 85 STREET, APT 108 Address		15 SELLA	
		-	Address	SEP SEP
		MIAMI-BEACH, FL 3314	41	86 SEC.
			City/State and Zip Code	ication)
		EDISONSANCH@GMAII	COM to be used for future annual report notif	ication)
For furti	ner information	concerning this matter, please c		(Dankin)
EDISO	N SANCHEZ		305 871-7777	
	Name	of Person		Telephone Number
Enclose	d 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)
	·MAI	LING ADDRESS:	STREET/COURIN	TD ANNDESS.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR & S CONSORCIO JURIDICO		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000138255	Company were filed on <u>07/22/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		动 1-2
(Principal office address MUST BE A STREET ADDI	RESS)	智 斑
		<u> </u>
		呈
Enter new mailing address, if applicable:		'd C
(Mailing address MAY BE A POST OFFICE BOX)		12
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enterections of the state of the	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
Naw Degistered Agent's Signature if changing Degisters	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>	Address	Type of Action
MGR	AMPARAM, JOSE V	11503 NW 89 STREET, UNIT 203	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
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ective date, if other than the date of filing: _ i effective date is listed, the date must be specific and car	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not mee ument's effective date on the Department of State	t the applicable statutory filing requirements, this date will not be listed a
union s effective date on the Department of State	e's records.
record experience deleved effective data	
he 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of
SEPTEMBER 20	2016
<i>,</i>	'

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00