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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 0 8 2018

COVER LETTER

CHUR TILOT	Machado Seguros LLo			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Giselli Machado		
		Name of Person		
	M	achado Seguros Llc		
		Firm/Company		
3411 Pear Tree cir				
•		Address		
	Laude	rhill,Fl 33319		
City/State and Zip Code				
		viverjms@hotmail.com		
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca	all:		
Giselli M	achado	at (954)254-3217		
Name o	f Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fée & Certificate of Status	S55.00 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

TO:

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

Machado Seguros	illo .		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now apper nited Liability Company)	nrs on our records.	
The Articles of Organization for this Limited Liability Comp	pany were filed on _	08-11-2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	nere:	
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:			7 SE
(Principal office address MUST BE A STREET ADDRES	<u></u>		APR -
			SSEE.F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			STATE LORIDA 2: 22
B. If amending the registered agent and/or registered agent and/or the new registered office address		on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	oridå street address	
		, Florida	
	City	,, rivitda	Zip Code
Many Destinant A annual Cinnature if the make Designand A	n4.		

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	Roger Correa	2217 E Atlantic Blvd #1 Pompano Beach	E Add
			☐ Remove
		<u> </u>	Change
			☐ Remove
	•		☐ Change
			□ Remove
		·	Change
			Add
			Remove
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: If the date inserted in	on the date of filing: one must be specific and cannot this block does not meet the the Department of State's i	e applicable statute	ling or more than 90 ory filing requirement	_ (optional) lays after filing.) Pursuents, this date will n	ant to 605.0 ut be listed
ecord specifies a de ne 90th day after th	elayed effective date, l e record is filed.	but not an effe	ctive time, at 1	2:01 a.m. on th	ie earlier
d March o	26 , 2 Signature of a member	018			
	(Secolli VA	ahalo-			

Page 3 of 3

Filing Fee: \$25.00