LIG000157009

(Re	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp		***	
CHIDIE	Cuevanejo,	LLC		
SUBJE		Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Sandra M Valdes Daussa		
			Name of Person	
			Firm/Company	<u> </u>
		8123 NW 68th Street		
			Address	
		Miami, FL 33166		
			City/State and Zip Code	
		sandra@iomecaexpress.com		
		E-mail address: (t	o be used for future annual report noti	fication)
For furt	her information co	ncerning this matter, please ca	ll:	
Sandra			786 970-3753 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e 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:

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

Cuevanejo, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 08/22/2016	and assigned
lorida document number L16000157009	<u>_</u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "LTC"
nter new principal offices address, if applicable:		111 of THE
Principal office address MUST BE A STREET ADDI	RESS)	7 7
		STA T
		ACCEPTANCE OF THE PROPERTY OF
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis		enter the name of the
egistered agent and/or the new registered office add	iress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Y13	الما
	, Flori	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>	Type of Action
MGR	Sandra M Valdes Daussa	8123 NW 68th Street	Add
		Miami, FL 33166	■ Remove
			□ Change
			Add
			□ Remove
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			Remove
			□ Change

	on, enter change(s) here: (Attach additional sho	
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te: If the date inserted in this block ument's effective date on the Department.	ffective date, but not an effective time, a	rements, this date will not be listed a
ed D6 C 28 19	$2nY\rho$	
Sanona vouce	o Saussa	
Si	gnature of a member or authorized representative of a men	
Sandra M Valdes Daussa		
	Typed or printed name of signee	SSESS SAN TO THE SAN THE SAN TO THE SAN THE SAN TO THE SAN
	Page 3 of 3	ILED M-3 P 1: 09 MRY OF STATE ASSEEL FLORIDA
		371.02