116000186763

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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DIVISION OF CORPORATIONS

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COVER LETTER

	ADRID LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	FABIAN SOTO		
	**************************************	Name of Person	
	TAXAPRO CONSULTIN		
		Firm/Company	
	10637 N KENDALL DR S	STE 7E	
		Address	
	MIAMI, FL 33176		
	11. 62.	City/State and Zip Code	
	consulting@taxapro.com E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
FABIAN SOTO		786 505 - 0017	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
MAII	ING ADDRESS:	STREET/COURIE	ER 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

BILBOMADRID LLC		
(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
	lity Company were filed on 10/10/2016	_ and assigned
Florida document number L16000186763		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable	e:	- 16 0€ 17 17 17 17 17 17 17 17 17 17 17 17 17
(Principal office address MUST BE A STREET A	ADDRESS)	× C -
Enter new mailing address, if applicable:		_ ¥
(Mailing address MAY BE A POST OFFICE BO.		<u> </u>
		777
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u>-</u>	, Florida	
	Cuy	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	ALEXANDER RUIZ	2701 SW 3RD AVE	
		APT 1005	☑ Remove
		MIAMI, FL 33129	Change
MGR ALEXANDER RUIZ DE AGUIRRE	ALEXANDER RUIZ DE AGUIRRE	2701 SW 3RD AVE	☑ Add
		APT 1005	Remove
		MIAMI, FL 33129	Change
			Remove
		☐ Change	
			CG PROBLEM CONTROL CON
			□ Remove
			Change
			Remove
			☐ Change

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e: If the date inserted in this bloc	ck does not meet the applica	ible statutory filing	requirements, this d	ate will not be listed a
ument's effective date on the Dep	partment of State's records.			
record specifies a delayed	effective date, but no	an effective tir	ne, at 12:01 a.r	n, on the earlier c
he 90th day after the reco	rd is filed.		·	
October 13th	2016	1		
ed		-)		
		nzed representative o		

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