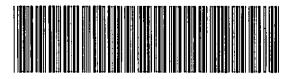
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(R	equestor's Name)	·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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JUN 1 1 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
	BO MIA LLC	•	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	ENRIQUE DIAZ		
		Name of Person	
	MARACAIBO MIA LLC		
-		Firm/Company	_
	5403 PINETRAIL WAY		
		Address	
	ORLANDO, FL 32822		
		City/State and Zip Code	
	edgar.g@gontax.com	to be used for future annual report notifi	cation
For further information c	oncerning this matter, please of		canon,
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
02 \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	: ction
Division of C	Corporations	Division of Con	porations
P.O. Box 633 Tallahassee,		The Centre of T 2415 N. Monroo Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARACAIBO MIA LLC		ords.)
(Name of the Limited Liability Comp	any as it now appears on our reco	ords.)
(A Florida Limited	Liability Company)	- 2 T
	10/12/2016	and assigned
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L16000188936		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Frincipal Office address MOST BE 715T REST 132 Executive		
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered office	ce address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Flags see.	Enter Florida street au	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. lete performance of my dutie	605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			[]Remove
			□Change
			
			□Remove
			El Change
			JAdd
			[]Remove
			[]Change
		<u> </u>	[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			☐Remove
			/=14.7h

Name	Title
ENRIQUE E. DIAZ	AMBR .
JOSIAINE J. MENDOZA	AMBR
ote: If the date inserted in this	he date of filing:
ocument a enective date on the	
	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effect is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effec 1 is filed.	
record specifies a delayed effect is filed.	

Filing Fee: \$25.00