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## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	LA CORVA	ARA LLC			
SODJEC		Name of Limi	ited Liability Company	<del></del>	
		Amendment and fee(s) are submodence concerning this matter			
		Gregory Garcia	J		
		<del> </del>	Name of Person		
		N/A			
			Firm/Company		
		5300 NW 85 Ave, Unit 150	07		
		Doral, Florida 33166	Address	18 OCT SECRETA TALLAHA	<u>TI</u>
		garciamgregoryj@yahoo.co	23 PM	FILED	
For furthe	er information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notificall:	cation) 6: 29	
Gregory	Garcia		786 612-9211 at ( )		
	Name o	f Person		Telephone Number	_
Enclosed	is a check for th	ne following amount:			
<b>□</b> \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Copy (additional copy)	Status & y

MAILING 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

LA CORVARA LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/18/2016	and assigned
Florida document number L16000212011	<u></u> .	
. This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L-la-C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		PH 6: FLOR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or regi	istered office address on our records, <u>e</u>	nter the name of the ne
registered agent and/or the new registered office ad-	dress here:	
Name of New Registered Agent:		
New Registered Office Address:	B	
	Enter Florida street address	
	, Florid	la
	O.1.,1	A MIT CONTRACT

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DI NUNZIO, MARIANA	5300 NW 85 AV, UNIT 1507	Add
		DORAL, FL 33166	<b></b>
			Change
	<del></del>	<del> </del>	D Add
			Remove
			AHE CONTRACTOR
			Add
			SEE Name of 29
			Remove
			□ Change
			Remove
			Change
	<del></del>		Add
			□ Remove
			Change

. If amending any o	ther imormation,	enter cna	nge(s) nere:	: (Анасн а	aautonat sr	eers, y nece	essary.)		
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Effective date, if of (If an effective date is lis Note: If the date ins document's effective	ted, the date must be sp erted in this block do	ecific and ca ses not mee	nnot be prior to at the applicat	date of filing	or more than	(option 90 days after tements, this	filing.) Pursi	uant to 605. 101 be liste	.0207 () ed as tl
the record specific The 90th day a	es a delayed effe fter the record is	ective dat s filed.	e, but not	an effecti	ive time, a	ot 12:01 a	ı.m. on ti	he earlie	er of:
Dated October 15			2018						
	4	417							
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Gregory (	Sarcia del Jan	e/M	arui						
-	—— <del>// sv</del>	Ty	ped or printed	name of sign	icc			<del></del>	

Page 3 of 3

Filing Fee: \$25.00