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S. WARREN AUG 0 9 2017

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: HIATUS CUFANERS U.C. (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CASRIEU SONO (Contact Person)
VIP PROPERTY STRUICES. (Firm/Company)
4474 WESTON NO #141, (Address)
Davie Fc 33331  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 346.4160  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ny as it now appears on our records.) liability Company)	<del></del>
were filed on 12/14/16	7 and assigned
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fice address on our records, <u>ent</u> 2:	er the name of the new
EVA SORDO.  WESTON RD #1  Enter Florida street address  VIE, Florida	72221
	fice address on our records, enter Florida street address  Lity Company," the designation "LLC" or the enter florida street address  Lity Company, "the designation "LLC" or the enter florida street address

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.

f Changing-Registored 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
MGR	CARLETTI MITCHELL, DIEGO M.	9273 SW 172ND. AV. Miami, FL 33196.	∕ □ Add <b>X</b> Remove
AMBR	CARLETTI MITCHELL, JOSE R.	9273 SW 17200. AV Miami, FL 33196.	Change  Add  Remove
MGR	PADRON, JOSE L.	730 NW 98 Cir., PLANTATION FL 3332	
M <u>GR</u> M	Sordo, GABRIFU	730 NW 98 CiR, PUNTATION FL 33324	□ ChangeAdd□ Remove
			□ Change □ Add □ Remove
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11 amengir	ng any other infor	mation, enter	cnange(s) nere	: (янася аданю	onai sheets, if ne	cessary.)	
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Filing Fee: \$25.00