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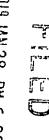


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R. WHITE FEB 0 4 2019





COVER LETTER

TO:	Registration Sectorial Division of Corp					
		AMILY, LLC	٠,	,	•	
SUBJE(СТ:	Name of Limit	ted Liability Company			
F		;				
The enc	losed Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please re	eturn all correspon	dence concerning this matter t	o the following:			
•		ALEXANDER G. CUBAS				,
			Name of Person			•
•	•	ALEXANDER G. CUBAS.	, P.A.	•		·
			Firm/Company	1	· · · · · ·	
	•	9580 SW 107 AVENUE, S	UITE 202 [,] /			
	•	MIAMI, FL 33176	Address	•	•	•
		ACUBAS@CUBASLAW.C	City/State and Zip Code OM		•	•
		E-mail address: (6	o be used for future annual re	port notification	i) ~·	
For furt	her information co	ncerning this matter, please ca	11:			• .
ALEXA	ANDER G. CUBA	s , ,	305 595-6 at ()	6337	•	
	Name of	Person	Area Code	Daytime Telep	hone Number	
		•	•			•
Enclose	d is a check for the	following amount:	•	•		
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60,00 Filing Certificate C Certified Co (additional cor	of Status &
	MAILE	NG ADDRESS:	STREET/	COURIER A	DDRESS:	

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 FILED TO ARTICLES OF ORGANIZATION JAN 28 PM 6: 09

SECRETARY OF STATE TALLAHASSEE. FL

CAMPOS FAMILY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/07/2017	and assigned
Florida document number L17000029747	were med on	233.g
This amendment is submitted to amend the following:	•	•
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	•	viation "L.L.C.
Enter new principal offices address, if applicable:	9580 SW 107 AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 202	
·	MIAMI, FL 33176	
Enter new mailing address, if applicable:	9580 SW 107 AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 202	
	MIAMI, FL 33176	. .
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
•		
Name of New Registered Agent:	-	
New Registered Office Address:	•	
	Enter Florida street address	
· .	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree performance of my duties, and I am far provided for in Chapter 605, F.S. Or, if	niliar with and

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 = Mar AMBR = Aut	nager thorized Member			
Title	Name FRANCIS HAWLEY		Address 40 SW 13 STREET	Type of Action
AMBR -	·			
• • .			SUITE 203	Remove
			MIAMI, FL 33130	□ Chánge
	•			Remove
•				Change
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an ef <u>ote:</u>	tive date, if other than the date of fective date is listed, the date must be spend of the date inserted in this block do ment's effective date on the Department.	cific and canno es not meet th	e applicable :	e of filing o	or more than siling require	(optiona) (optiona) (optiona) (optiona) (optional) (opt	ig.) Pursuan	t to 605.0 be listed)20 d a
: re The	ecord specifies a delayed effe e 90th day after the record is	ctive date, filed.	but not an	effectiv	e time, a	, t 12:01 a.m	on the	earlie	rċ
ited	d 01/17/2019	h/h.	·	7		·	,		
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	Signat	ure of a membe	r or authorized	representa	uve of a men	nocr .		•	
	*	Liliana					. /		

Page 3 of 3.

Filing Fee: . \$25.00 ·