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	(Requestor's Name)
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		COVER LETTER	
т о 	: Registration Section Division of Corporations		
SU	11930 SW 3 Street,	Name of Limited Liability Company	
-		Came of Billing Company	
Th	enclosed Articles of Amendme	nt and fee(s) are submitted for filing.	
Ple	ase return all correspondence co	ncerning this matter to the following:	
	Norys	Altuve	-
	Lada	Name of Person Investments, LLC	
	-	Firm/Company	-
	7999	SW 58 Street	
		Address	
	Miam	i, Florida 33143	_
	dcino	City/State and Zip Code /s@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For	further information concerning	this matter, please call:	
No	rys Altuve	305 244-2479 at ()	
	Name of Person	Area Code Daytime Telephone Number	r
End	osed is a check for the follow	ng amount:	
		(additional copy is enclosed) Certified	ite of Status &
	MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	ion Registration Section orations Division of Corporations Clifton Building	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	11930 SW 3 Stree	et, LLC	
	(<u>N</u>	ame of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Articles of Organization for ida document number L1700		ssigned
Th ị	amendment is submitted to	amend the following:	
A.	 If amending name, <u>enter th</u>	e new name of the limited liability company here:	
The	new name must be distinguishable	and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I	L.C."
Ent	 &r new principal offices add	dress, if applicable:	SE SE
- 1	1 , ,	BE A STREET ADDRESS)	CRE AH
1			
		<u> </u>	
Ent	er new mailing address, if a	pplicable:	- F- S- W
(M)	illing address MAY BE A PO	ST OFFICE BOX)	RIE
B.			of the nev
		, Florida, Zip Code	
New	Registered Agent's Signatur	e, if changing Registered Agent:	
pro acci beir	visions of all statutes relati ept the obligations of my po	nt as registered agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with sition as registered agent as provided for in Chapter 605, F.S. Or, if this document that the limited liability of this change.	th and ument is
		If Changing Registered Agent, <u>Signature of New Registered Age</u>	<u>nt</u>

If amend	ling Authorized Person(s) authorized from our records:	zed to manage, enter the title, name, and add	ress of each person being added
	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	David Altuve	7999 SW 11 Avenue	□ Add
		Miami, FL 33143	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
AMBR	Lada Investments, LLC	7999 SW 58 Street	■ Add
		Miami, FL 33143	□ Remove
			☐ Change
			□ Add
;			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Remove
<u> </u>			□ Change

fa.	mending any other info	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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fe an	ective date, if other than	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ot	e: If the date inserted in th	s block does not meet the applicable statutory filing requirements, this date will not be listed to Department of State's records.
r T	record specifies a dela he 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier record is filed.
	ed March	2018
ale	ed 1 / / / O / C	· · · · · · · · · · · · · · · · · · ·
		Signature of a member or authorized representative of a member
		Ι. Δ.11
		Novus HITUVE Typed or printed name of signee
		J Types of prince name of signer

Filing Fee: \$25.00