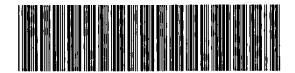
## L17000051402

(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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ECHETARY OF STATE

FILED

S Warren APR 13 2017

## **COVER-LETTER**

	gistration Sec vision of Corp			
CUDIECT		/A 1002 LLC		
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Joseph Villate		
		-	Name of Person	
		Joseph Villate CPA		
	Firm/Company			
		250 Catalonia Ave, STE 50	96	
			Address	
		Coral Gables, FL 33134		
		-	City/State and Zip Code	
		villatecpa@bellsouth.net		
		·	to be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	all:	
Joseph Villate 305 541-4714 at ()				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$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)

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 RESERVA 1002 LLC		
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compa	nears on our records.) ny)
The Articles of Organization for this Limited I	Liability Company were filed or	03/06/2017 and assigned
Florida document number L17000051402	<u> </u>	,
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		70 m
		RY OF D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ATT THE
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the ne
egistered agein and/or the new registered t	mice address here.	
Name of New Registered Agent:	Sandra Liliana Lopez Jaramil	lo
New Registered Office Address:	250 Catalonia Ave, STE 506	
-	Enter	Florida street address
	Coral Gables	, Florida
	City	Zip Code

## 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.

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDOARMANDO BASTO M &	erlano e	Add
			≅ Remove
			☐ Change
MGR	Sandra Liliana Lopez Jaramillo	250 Catalonia	Ave #506 Add
		250 Catalonia Coral Gables, F	-C 33/3 4 □ Remove
			☐ Change
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			(options re than 90 days after fili	al) ng.) Pursuant to 605.0
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