117000080421

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2019 : 1 : 1 : 1 : 5: 1 5

Amend

AUS U 5 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpo			
CIELO AZ	UL LLC		
SUBJECT:		ited Liability Company	
	mendment and fec(s) are sub-	_	
Please return all correspond	ence concerning this matter	to the following:	
	LOURDES RODRIGI	JEZ	
		Name of Person	
	CIELO AZUL LLC		
		Firm/Company	
	10620 SW 146TH CT		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33186		
		City/State and Zip Code	
	cieloazulusalle@gmail.	COIII to be used for future annual report not	ification
Car further information	•		meanony
For further information cond	-		
LOURDES RODRIGU	JEZ	786 972-8039 at ()	
Name of Po	2FSOR	Area Code Daytin	ne Telephone Number
Enclosed is a check for the f	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



July 23, 2019

LOURDES RODRIGUEZ 10620 SW 146TH CT MIAMI, FL 33186

SUBJECT: CIELO AZUL LLC Ref. Number: L17000080421

We have received your document for CIELO AZUL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) action regarding the member/managers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 AUG -5 AH II: 25

Letter Number: 119A00014968

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIELO AZUL LLC

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

(A Florida Limited Liability Company)

(/	VI Killida Elimited i	chaomicy & onitions y	·
The Articles of Organization for this Limited Liab Florida document number <u>L17000080421</u>		were filed on 04/10/2	017 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company." the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10620 SW 146TH	CT
		MIAMI, FL 33186	
· · · · · · · · · · · · · · · · · · ·	-	US	
Enter new mailing address, if applicable:		13727 SW 152ND	ST
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	STE 340	
		MIAMI, FL 3317	7. US
B. If amending the registered agent and/or registered agent and/or the new registered office agent. Name of New Registered Agent:	ce address her		records, enter the name of the nev
New Registered Office Address:	13727 SW 1.	52ND ST . STE 340	
New Registered Office Address.		Enter Florida str	vet address
	MIAMI		Florida <u>33177</u>
		Cin	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.

If Changing Registered Agont 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
MBR	Lourdes hadriquez	13727 SW 152nd St	& Add
	J	Ste 340	🗆 Remove
		Miami FI 33177 US	Change
MGL	SancinthaMattinez	-1200 brickell Ave	🖸 Add
		Ste 1950	& Remove
		Migmi F1 33131, US	
Mol	Marcelo A. Colella	1305 Nayesty Ter	🗆 Add
		WORDN FL 33327	- ™ Remove
		20	_□ Change
AMBR	Maria Raula Llop	1305 Marshy Ter	_□ Add
	•	Weston FI 33327	_ ⊈ Remove
		24	Change
			_□ ∧dJ
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated UH 30 2019.
Signature of a member of authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00