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07/24/18--01018--013 **25.00



S. PRATHER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	AECA L. Name of Lim	し、こ、 nited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	unitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Lus	E. DIAZ, ESQ Name of Person	
	LuseI	Firm/Company	7ES, P.A.
	1529 S.W	Address	
		Address	
	MIAMI FL	City/State and Zin Code	
		0.1,7.2	
	E-mail address: (1	AWE AUL. COM to be used for future annual report notifica	ation)
	cerning this matter, please ca	•	,
Name of Po	erson	at (305) 642- Area Code Davtime T	Clephone Number
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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)

TO:

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

MAECA, L.	L. C.						
(Name of the Limited Liability Com (A Florida Limite	pany as it now appead Liability Company)	irs on our re	cords.)				
				•	- ,	8	
The Articles of Organization for this Limited Liability Compar	ny were filed on	5/30	1201	7	and	as ģig n	ed
Florida document number <u>L17000 117325</u>					-	وڃ	•
					•	24	7.
This amendment is submitted to amend the following:						70	
A. If amending name, enter the new name of the limited lia	hility company h	e r e:				==	
NIA		<u> </u>			5. :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company " the	tacionation "	LLC" or th			<u></u>	
	ounty company, the c		4				
Enter new principal offices address, if applicable:	<u> </u>	N (<u>4</u>				
(Principal office address MUST BE A STREET ADDRESS)							
			•				
Enter new mailing address, if applicable:		NIA					
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		<u>_</u>	•	
(Mulling dudress MA) BE A FOST OFFICE BOX)			 .				
i .							
B. If amending the registered agent and/or registered of			_	_			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	omice address on re:	our reco	rus, <u>ente</u>	er the	e nam	e of t	he nev
	- ,						
Name of New Registered Agent:	N/A						
Name of New Registered Agent.	74 / / /						
New Registered Office Address:	<u></u>						
	Enter Flori	ida street ada	ress				
·		,	Florida _				
	City		_		Zip Code	?	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>						
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C	ny duties, hapter 60.	and I am 5, F.S. O	i fam r. if ti	iliar w. his doo	ith and umen	d
	<u></u>	IA					
If Char	nging Registered Age	nt, <u>Signatur</u>	e of New F	<u> legiste</u>	red Age	nt	

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 Title Name Address Type of Action MOR MANUEL J. CIMADEVILLA 15056 5 W. 38TH TERR. HAD MIAMI FLORTDA 33/65 Remove MGR TORGEH. CIMADEVILLA 15056 S.W. 38 TERR. DAD MIAMI FLORIDA 33185 Remove MARIA D. CIMADEVILLA 15056 S.W. 38TH TERR. Add MER MIAMI FLOK DA 33185 Remove ____ Change _____ Change ☐ Add ☐ Remove _____ □ Remove

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		he date of filing	z:	date of filing or more	(optio	nal)	Durcuant	ነ _ባ ልበፋ በግ
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n effective dai <u>te:</u> If the da	e is listed, the date n ite inserted in this	block does not m	icci me applicaon	e statutory filing re	quirements, this	dute m		
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