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COVER LETTER

: Registration Se Division of Cor				
UBJECT: Mi	uni Certatri		LC	
	Name of Limit	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Leonvil }	mentel-6	verrero	
	· · · · · ·	Name of Person		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
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ra- fasta i-fassatian a	E-mail address: (ii	o de used for future annu	al report notification)	
1 0	necerning this matter, please ca		910 16/	
Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea	Cert nclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional 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 /

Miami Cariat	NSL C	me		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as la Limited Liabili	it now appe	ars on our records.)	<u> </u>
The Articles of Organization for this Limited Liability (Company were		, ,	2 and assigned
Florida document number <u>L / 7600 12 → 17</u>	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	uited liability	company l	here: N/k	
The new name must be distinguishable and contain the words "Lin	nited Liability Co	ompany," the	designation "LLC" or the ab	bbreviation "L.L.C."
Enter new principal offices address, if applicable:				TAT SE
(Principal office address MUST BE A STREET ADD	RESS)			TE CRE
				- 37 T
		j		% P % P % P % P % P % P % P % P % P % P
Enter new mailing address, if applicable:				PA FES
(Mailing address MAY BE A POST OFFICE BOX)	_			OR CE
			<u>-</u> .	<u> </u>
B. If amending the registered agent and/or regi		address o	n our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered office add	<u>iress nere</u> :		V/R	
Name of New Registered Agent:	 	_		
New Registered Office Address:				
		Enter Fl	orida street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registere				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete perfo gent as provi ed office addr	ormance o ded for in	f my duties, and I am j Chapter 605, F.S. Or,	familiar with and if this document is
	If Changing	Registered A	Agent, Signature of New Re	gistered Agent

If amending or removed f	Authorized Person rom our records:	n(s) authorized to m	anage, <u>enter t</u>	the title, name, and address of	each person being added
MGR = Ma AMBR = Au	nnager ithorized Member				
<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
AMBR	Ceonid	Pinentel-6	verrero	2870 NW 18 AVE	Add
				niemi, F/, 331	Υ Z □ Remove
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). If amend	ing any other information, enter change(s) here: (Attach	additional sheets, if necessary.)	
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Effective	date, if other than the date of filing:	(optional)	
(If an effecti	ve date is listed, the date must be specific and cannot be prior to date of fi	ing or more than 90 days after filing.) Pursuant to 6	605.0207 (3)(isted as the
	the date inserted in this block does not meet the applicable statute 's effective date on the Department of State's records.	y filing requirements, this date with not be i	isted as the
	•		
tha racar	d specifies a delayed effective date, but not an effe	ctive time at 12:01 a.m. on the ear	rlier of
	Oth day after the record is filed.		
Dated	2/8/2018.		
Dated	2/9/2018.		
	mertit.		
	Signature of a member or authorized repre-	entative of a member	
	(D. 1.1	10,10,000	
	Leonid Pimantel-	Overrero.	
	Typed or printed name of s	gnec	

Page 3 of 3

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