# 117000130422

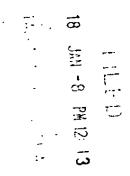
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lorera Lizarralde Name of Person	
Sewel Acountry Inc	
4733 SW143 Ave	
Miami FL 33175  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
City/State and Zip Code  Mariacle los argeles campos 82@gmail. (On  E-mail address: (to be used for future annual report notitication)	$\gamma$
For further information concerning this matter, please call:	
Maria de los Argeles (ampo, 407 - 990 - 7372	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000130422</u> .	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	151 SE 1 St Apt 501  Miami FL 33131
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here	office address on our records, enter the name of the new
Name of New Registered Agent: Manicl	de los Angeles Campo
New Registered Office Address: 51	SE & 1S+ Apr 50)  Enter Florida street address
	Miami Florida 3313) 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.

If 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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