FEB/27/2018/TUE 01:00 PM



**Division of Corporations** 

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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Com		FEB
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From:	Account Name Account Number Phone Fax Number	•	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDA OF FLORIDA LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX No.

ANDA OF FLORIDA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/20/2017 and assigned Florida document number L17000155257

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the nameoof the new registered agent and/or the new registered office address here:

ame of <u>New Registered Agent</u> :	JUAN L. LAGO ALVARE	22
New Registered Office Address:	13540 N. FLORIDA AVE	SUTTE 206-C
Tegrinered Onno Producis	En	ter Florida street address
	TAMPA	, Florida 333613
	City	Zıp 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.

1.11. AB

If Changing Registered Agent, Signature of New Registered Agent

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# FAX No.

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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
MGR	GILBERTO A. MACHIN ZAYAS	825 SW 44 AVE LOT A-102	🗖 Add
		CORAL GABLES, FL 33134	Remove
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(b) The	: 90th day after the	record is filed.		1				
		}	,					
Dated						-		
Dated	JUAN L. LAGO A	Signature of a	member or authoriz	id representative of a mo	mber	-		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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