## L17000160469

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## **COVER LETTER**

Div	ision of Corp	orations '				
SUBJECT:	SIERRATO	SIERRATO, LLC				
SOBJECT.	····-	Name of Limi	ted Liability Company			
The enclosed	Articles of /	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		Adelina Ruiz Baez, Esq.				
Name of Person						
Law Offices of Adelina Ruiz, PA						
			Firm/Company			
	800 Village Square Crossing					
			Address			
	Palm Beach Gardens, FL 33410					
		<del> </del>	City/State and Zip Code	<del></del>		
		adelinaruiz@aruizlaw.com				
		E-mail address: (t	o be used for future annual report notifi	cation)		
For further in	nformation co	ncerning this matter, please ca	ill:			
Adelina Rui	z Baez		561 402 7060 at ( )			
Name of Person Area Code Daytime Telephone Number			Telephone Number			
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L17000160469	ny were filed on 7/27/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		701
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Parties (C) House (A)
		SSTEE O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(mana) was the result of the second		9/11
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del> -	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

SIERRATO, LLC

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
MGR	Fineca Investments, LLC	6685 Forest Hill Blvd. Ste 211	Add
		Greenacres, FL 33413	■ Remove
			□ Change
MGR	Lazaro de Jesus Tobon	6685 Forest Hill Blvd., Ste. 211	
		Greenacres, FL 33413	□ Remove
			Change
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			Add
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:	z.) Pursuan	ıt to 605 be liste	.0207 (3 Nb) ed as the
If the red (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	earlie	er of:
Dated	August 4, 2017			
	<del>A</del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2017	
	Signature of a member or authorized representative of a member		1 AUG	and the second
		<u>.</u> 		Parities.
	Alejandro Sierra		0	Sarden 1
	Typed or printed name of signee	<u> </u>	<u> </u>	3-1
		70136 31737	<u>~</u> ⇔	*
	Page 3 of 3	25-1	<del></del> -	

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

Filing Fee: \$25.00