Division of Corporations **Electronic Filing Cover Sheet**

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Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIERRATO, LLC

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Corporate Filing Menu

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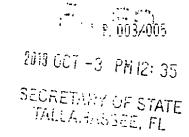
N CULLIGAN

TO: Registration Section

COVER LETTER

Division of Corp	orations		
	SIERRATO LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		ALEJANDRO SIERRA	
		Name of Person	
		MGR	
		Firm/Company	
		4195 NAPOLI LAKE DR.	
		Address	
	PAL	M BEACH GARDEN, FL 33410	
		City/State and Zip Code	
		NFO@HISPANUSA.COM to be used for future annual report notific	ication)
For further information co	encerning this matter, please ca		
ALEJAND	RO SIERRA	561 720- 3392	
Name of	Person	Area Code Daytime	: Telephone Number
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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Rogistra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SIERRA	TO LLC		
(Name of the Limit	ted Liability Compa (A Florida Limited)	inv as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number <u>L17000160469</u>	iability Company	were filed on 07/27/	017 and a	ssigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
The new name must be distinguishable and contain the	vords "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applic	able:	4195 NAPOLI LAK	E DR	
(Principal office address MUST BE A STREE		PALM BEACH GARDEN, FL 33410		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	4195 NAPOLI LAK PALM BEACH GA		
B. If amending the registered agent and registered agent and/or the new registered of	/or registered of	office address on ou re:	r records, <u>enter the nam</u>	ie of the ne
Name of New Registered Agent:				
New Registered Office Address:	4195 NAPOL	I LAKE DR. Enter Florida	treat addises	
	PALM BEAC		, Florida 33410	
		City	Zıp Co	de

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

Title	Name	Address	Type of Action
AMBR	MARYCELA CARDONA	4195 NAPOLI LAKE DR. PALM BEACH GARDEN FL 33410	
			☐ Remove
			Change
AMBR	LAZARO DE JESUS TOBON	4195 NAPOLI LAKE DR. PALM BEACH GARDEN FL 33410	= Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
	····		
			Remove
			Change
			Remove
			Change

Hective date, if other than the date of filing:		
ote: If the date inserted in this block does not meet the applicable statutory timing requirements, this date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filled. The 90th day after the record is filled.		
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	Ochober 3, 2019.	
Signature of a member or authorized representative of a member	Gignature of a member or authorized representative of a member	

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Filing Fee: \$25.00