## 117000194045

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	: #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: ·	Registration Se Division of Cor		•	i,	4
		: MANGIAMI LLC	3.	ri*	
SUBJE	CT:				
		Name of Lim	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		CAROLYN KAHL			
			Name of Person		
		ROCA GONZALEZ PA			
			Firm/Company		
		3370 MARY STREET			
			Address		<del></del>
		MIAMI, FL 33133			
v			City/State and Zip Co	od	
•		CKAHL@RGPA.COM			
		E-mail address: (	to be used for future and	nual report notification	on)
For furt	her information c	oncerning this matter, please ca	all:		
CAROL	YN KAHL		305 at ()	859-6050	
	Name o	f Person	Area Code	Daytime Tele	ephone Number
Enclose	d is a check for th	ne following amount:			
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	/	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STRI	EET/COURIER A	ADDRESS:
		ation Section		stration Section	
		on of Corporations ox 6327		ion of Corporation	os .
		issee, FL 32314		on Building Executive Center	Circle
	· ciianto			harden El 32301	C.i.c.ic

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEVIMI & MANGIAMI LLC		l l			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it no	w appears on our records.)		
	(A riolida Lillited Lia	onity Co	mpanyy		
The Articles of Organization for this Limited Li	ability Company w	ere file	d on 09/19/2017	_ and assign	ned
Florida document number L17000194045					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabili	ty com	pany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Compar	av." the designation "LLC" or the abbre	viation "L.L.(	<del></del>
	,	T	,,,g		
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	T ADDRESS)				<del></del>
				<u> </u>	
				MAR	ÆT ÆT
Enter new mailing address, if applicable:				-8	SS APE
• • • • • • • • • • • • • • • • • • • •	2010			70	- 00 C
(Mailing address MAY BE A POST OFFICE)	<u>BUX)</u>				- <del></del>
					_용품
				9	9m
B. If amending the registered agent and/ registered agent and/or the new registered of		ce add	ress on our records, enter the	<u>a name of</u>	the new
Name of New Registered Agent:	FLORIN MIH				
New Registered Office Address:	1005 MERIDIAN	AVEN			
		4	Enter Florida street address		
	MIAMI BEACH		, Florida <sup>33139</sup>		
		City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regination filed to merely reflect a change in the company has been notified in writing of this	er and complete po stered agent as pro registered office ac	erforme ovided_	nce of my duties, and I am fam for in Chapter 605, F.S. Or, if t	illiar with this docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M MBR = A	anager uthorized Member		
<u> itle</u>	<u>Name</u>	Address	Type of Action
/GR	ERNESTO GRANIERO	1005 MERIDIAN AVENUE #3	
		MIAMI BEACH, FL 33139	Remove
			☐ Change
<del></del>			
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			MAR
			( ) 1 D
ctive date, if other than the confective date is listed, the date must set If the date inserted in this blooment's effective date on the Department.	be specific and cannot be prior ck does not meet the applica	to date of fi <b>ting</b> or more than 90 of the statutory filing requirements	(optional) lays after filing.) Pursuant to 605.02 ents, this date will not be listed
ecord specifies a delayed ne 90th day after the reco		t an effective time, at 1	2:01 a.m. on the earlier
d	2018	[	
e This	TOPSVERIEN		•
	Signature of a member or author	orized representative of a membe	г
ELENA BERGESIO			

Page 3 of 3

Filing Fee: \$25.00