## L17000194443

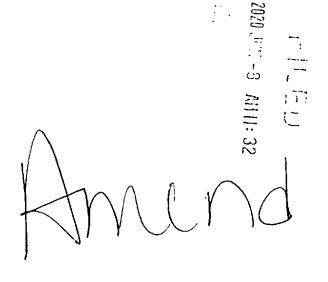
(F	Requestor's Name)	
(A	Address)	<del>_</del>
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Ē	Business Entity Name)	
(Document Number)		
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Special Instructions to Filing Officer:		
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## **COVER LETTER**

	Registration Se Division of Cor			
SIID IF	ESCADA I	NVESTMENTS, LLC		
SUBJEC	·'·	NVESTMENTS, LLC  Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MAURO SCATTOLINI		
			Name of Person	<del></del>
		C&M CPA, LLC		
			Firm/Company	
		175 SW 7TH ST SUITE 1	509	
			Address	<del></del>
		MIAMI, FL. 33130		
		MAURO@CANDMCPA.C	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please c	all:	
MAURO	O SCATTOLINI		305 517-3791	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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)

MAILING ADDRESS:

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

ESCADA INVESTMENTS LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	<del></del>
The Articles of Organization for this Limited Liability Company florida document number $\frac{L17000194443}{L17000194443}$ .	were filed on09/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~?
Principal office address MUST BE A STREET ADDRESS)		2070
		· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		co
••		= -
Mailing address MAY BE A POST OFFICE BOX)	-	
		<u> </u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	•	enter the <u>name of the</u> i
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	ida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TADGER, JOHN	11637 NW 48TH LN	Add
		DORAL, FL 33178	
			Remove
			Change
MGR	LOPEZ, KELLY	11637 NW 48TH LN	Add
		DÖRAL. FL 33178	= Remove
			Change
MGR	LOPEZ HOFFMANN, HECTOR ENRIQUE	11637 NW 48TH LN	Add
		DORAL, FL 33178	
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change

D. II am	ending any other information	on, enter change(s) here:	(Allach addilional sheel	s, if necessary.)
		-		
		**		
		<u> </u>		
	<del></del>			
	<del></del>			
	<del> </del>			
		<del></del>		
(It an et Note:	tive date, if other than the difective date is listed, the date must be lf the date inserted in this blochent's effective date on the Dep	e specific and cannot be prior to a k does not meet the applicabl	late of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207 ents, this date will not be listed as
	cord specifies a delayed e e 90th day after the recor		n effective time, at	12:01 a.m. on the earlier of
Dated	JUNE 3RD	2020		
	Hector	Lopey		
	/ / Si	gnature of a member or authoriz-	ed representative of a member	:r

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Typed or printed name of signee

Filing Fee: \$25.00