

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H190001812053)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : I20150000089
Phone : (305) 444-8800
Fax Number : (305) 444-4010

****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
NAU TURISMO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JUN 18 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(H190001812053)

NAU TURISMO 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 10/25/2017 and assigned Florida document number L17000220758.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1199 W Flagler St, Suite 17-18

Miami, Florida 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1199 W Flagler St, Suite 17-18

Miami, Florida 33130

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

Name of New Registered Agent:

WORLDWIDE CORPORATE ADMINISTRATORS LLC

New Registered Office Address:

2330 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES

Florida 33134

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

(H190001812053)

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	STANZIONE, MARIA A	600 79TH ST MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	QUINTANAL, VICENTE F	600 79TH ST MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	STANZIONE, PABLO M	600 79TH ST MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GAUNA, DIEGO G	600 79TH ST MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	STANZIONE, MARIA A	1199 W Flagler St, Suite 17-18 Miami, Florida 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	STANZIONE, PABLO M	1199 W Flagler St, Suite 17-18 Miami, Florida 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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FILED

APPROVED
AND
FILED

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

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APPROVED

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 6.7.2019

Signature of a member or authorized representative of a member

Maria A. Stanziune

Maria A. Stanzione
Typed or printed name of signer

Typed or printed name of signer