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COVER LETTER

Division of C	orporations				
SUBJECT:	Maria Elena Cendan, LL	С			
	Name of Li	mited Liability Company			
The enclosed Articles (of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	Maria	i Elena Cendan			
		Name of Person	, <u></u>		
	Maria Elena Cendan, LLC				
	Firm/Company				
	9081 Thomasville Dr.				
	Address				
	Winter Haven, FL 33884				
		City/State and Zip Code	·		
		an@gmail.com			
		(to be used for future annual report not	fication)		
or further information	concerning this matter, please of	ealt:			
Maria Elena (Cendan	786 424-6245			
Name of Person			e Telephone Number		
inclosed is a check for	the 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)		

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 ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Maria Elena Cendan, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(*****	January Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on
This amendment is submitted to amend the following	ŗ.
A. If amending name, enter the new name of the	s submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: address MUST BE A STREET ADDRESS) In gaddress, if applicable: MAY BE A POST OFFICE BOX) It the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: Enter Florida street address
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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	•
New Registered Agent's Signature, if changing Regist	ered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ruben Cendan	3240 SW 109 Ave.	Add
		Miami, FL 33165	■ Remove
			Change
			Add
			Remove
			Change
			TALLAHASSEE
			FLO DANGE
			□ Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			Change

. If amendin	g any other information,	enter change(s) h	ere: (Attach add	itional sheets, if ne	ecessary.)	FILE DV 14 PH 3
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			<u> </u>	<u></u>		ISSEE, FLOS
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			11/04/0015			
Effective da	ate, if other than the date date is listed, the date must be sp	of filing:	11/06/2017	(op	tional)	(05.0007.0)
Note: If the	date inserted in this block do	es not meet the app	licable statutory fi	r more man 90 days an ling requirements, th	er ming.) Pursua ris date will no	int to 605.0207 (3) of be listed as the
document's	effective date on the Departn	ent of State's recon	ds.			
he record :	specifies a delayed effe	ctive date, but r	not an effective	e time. at 12:01	a.m. on th	e earlier of:
	n day after the record is				J	commer on
D . 1	11/07	2017				
Dated		·	<u> </u>			
	Moseno	Devale	ndew			
_	Signal	erre of a member or au	thorized representat	ive of a member	· · · · · · · · · · · · · · · · · · ·	
	M	aria Elena Cendan				
-		Typed or pri	nted name of signee			

Page 3 of 3

Filing Fee: \$25.00