117000260092

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S. YOUNG

COVER LETTER

TO:		of Corporations
eun iez		STOY INTERNATIONAL LEC
SUBJEC	.1:	Name of Limited Liability Company
The encl	osed Artic	eles of Amendment and fee(s) are submitted for filing.
Please re	turn all co	orrespondence concerning this matter to the following:
		Jennifer Cornejo
		Name of Person
		MyUSAcorporation.com
		Firm/Company
		1 Radisson Plaza, Ste.800
		Address
		New Rochelle, NY 10801
		City/State and Zip Code
		agustin@vargasmanriquez.com E-mail address: (to be used for future annual report notification)
For furth	er informa	ation concerning this matter, please call:
Jennifer	Cornejo	877 330-2677 at ()
	}	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a checl	k for the following amount:
\$25.0	00 Filing I	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

MOSTOY INTERNATION	A Florida Limited	uny acity and appear on Limbility Company)	(Francis)	
The Articles of Organization for this Limited Florida document number L17000260092				_ and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name most be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbrev	ation "LDC."
Enter new principal offices address, if appl		15390 SW 20 ST	1	→ · · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STRE		MIAMI, FL 33185		3 1
				<i>ω</i> . ω
Enter new malling address, if applicable:		15390 SW 20 ST		등 등 (2.51 약
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33185		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered of	fice address on our r	ecords, enter the	name of the n
Name of New Registered Agent:	ENRIQUE L CO	OLINA		
New Registered Office Address:	15390 SW 20 S	T	· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street	oddress	· · · · · · · · · · · · · · · · · · ·
	MIAMI		_, Florida ³³¹⁸⁵	
		City		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 heing 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>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			□ Remove
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	re date, if other than the stive date is listed, the date if the date in this at's effective date on the	DIDOUG GOCS HOL	r meet me appl	icaoic siaimioi	ng or more than? y filing require	(optiona XO days after filin ments, this dat	l) g.) Pursuant to 60 e will not be lis	5.02 ted
e reco	ord specifies a delay 00th day after the ro	ed effective ecord is filed	date, but n i.	ot an effec	tive time, at	: 12:01 a.m	. on the earli	er
Α	pril 10		2019	·				
Dated								

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Filing Fee: \$25.00