

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230,000 2,000,000,000,000,000,000,000,000,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





800319844638

10/23/18-	-01035- •	027 - 3	**30.00
	-) 	77
	ر د	2 1	77
		ៗ វ	j
		<u> </u>	

COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT:	Llado	Tove Stonesty Ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:	<i>кэ.</i>	
	Hechor	Name of Person	23 ··· 23	
		Firm/Company	۳) چ	
	7541	SW 61 Aue	0	
	Miami, - love light E-mail address: (1	City/State and Zip Code - ROYN ing a cooper to be used for future annual report notifications.	GMail.com	
For further information co	oncerning this matter, please ca			
Christ Name of	ina Llade Person	at (SIS) 7/08 Area Code Daytime	883 Telephone Number	
Enclosed is a check for th	ne following amount:			
S25.00 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

Llado Inves	
(A Florida Limited Liability Con	npany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/80000023</u> 4	ny were filed on $\frac{1/3}{8}$ and assigned
This amendment is submitted to amend the following:	رجيم .
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7541 Si) 61 Mile 5 Unit 3 Missouth Mian, Fr 33143
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	754/50 6/ Auc Unit 3 South Migmit 33/1/3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> <u>ere</u> :
Name of New Registered Agent:	Christina Uado 7541 Swell Ave, #3 Enter Florida street address
New Registered Office Address:	7541 StD le 1 Ave, #3 Enter Florida street address
Sou	City Florida 33143 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name **Address** AMBR LUADO, CHRISTINA 950 SD57 Ane DAdd West-miami, Fr □ Change AMBR CLIFTON, TODE 2121 North Bayshore DA. Remove £1014 Miami, FL 33137 □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

					-
 .		<u> </u>		· ·	_
					-
					_
					_
					-
					-
				- CD	_
				ý	- i
				——— W	; []
				چ	ر، -
	·			<u> </u>	-
		.			••
					_
					_
					_
	e, if other than the date of filir			tional)	
	ate is listed, the date must be specific and late inserted in this block does not				
document's	ffective date on the Department of	State's records.			
ne record	pecifies a delayed effective	date but not an effec	rtive time at 12:01	a moon the earli	ier o
	day after the record is filed		tive time, at 12.01	a.m. on the eam	iei o
Dated	Dolober 18	20/8			
	October 18 Historation	·			
_	Hillery Had	member or authorized repres			
	/Signature of a				
	. 1	Typed or printed name of si			

Page 3 of 3

Filing Fee: \$25.00