11800016556

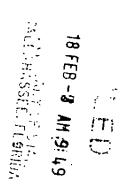
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200308558502

02/05/18--01010--021 **35.00



FEB 0 6 2013

Y SULKER

COVER LETTER

TO:	Registration Sec Division of Cor						
emo		CHAVIANO, LLC					
SUBJECT:Name of Limited Liability Company							
The o	enclosed Articles of a	Amendment and fce(s) are sub	mitted for filing.				
Pleas	se return all correspo	ndence concerning this matter	to the following:				
		ROSMERY CHAVIANO					
			Name of Person				
			Firm/Company				
		15001 JACKSON ST					
			Address				
		MIAMI FL 33176					
			City/State and Zip Code				
		ROSMERY_CHAVIANO@ E-mail address: (pYAHOO.COM to be used for future annual report notifi	cation)			
For f	urther information co	oncerning this matter, please ca	·	·			
ROS	MERY CHAVIANO)	305 781-3461				
•	Name of	Person	Area Code Daytime	Telephone Number			
Encle	osed is a check for th	e following amount:					
₽ 9	\$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:

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

ROSMERY CHAVIANO, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L18000016556	1 on 01/18/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
SEMILLITA DEL FUTURO, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	× ×
(Mailing address MAY BE A POST OFFICE BOX) ————	T8 FEB -
3. If amending the registered agent and/or registered office addr	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	10)
New Registered Office Address:	
E	nter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			Remove
			Change
			Remove
			Change
			Remove
			hanne
			hange bandd
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

		<u> </u>	<u></u>			
						
			····		 	
	··					
					#1. (T)	18
	, <u> </u>				HAS	833
	. <u>.</u>				<u> </u>	1 99
				<u> </u>	98 DA	-
					. <u>. </u>	
ective date, if other than the effective date is listed, the date mus	date of filing: _ it be specific and car	nnot be prior to	date of filing or r	nore than 90 days	ptional) after filing.) Purst	iant to 605.0
e: If the date inserted in this blument's effective date on the D			le statutory filii	ng requirements.	this date will n	ot be listed
record specifies a delayed he 90th day after the rec		e, but not a	an effective	time, at 12:0)1 a.m. on th	ie earliei
February I		2018				
		0~2				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00