118000026308

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10:	Division of Cor			
SUBJE		CION COOPERATIVA SERV	TICIOS EJECUTIVOS MDARL L.L	.C.
30001	<u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARIA E MARQUINA		
			Name of Person	
		MARIA E MARQUINA		
			Firm/Company	
		2140 SW 3RD AVENUE,	APT 1C	
		 	Address	**
		MIAMI, FL. 33129		
			City/State and Zip Code	······
		inversionesmda.usa@gmail		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ali:	
MARI	A E MARQUINA		786 5062372	
	Name o	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

ASCOCIACION COOPERATIVA SERVICIOS EJECUTIVOS MDARL L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number L18000026308	were filed on $\frac{01-30-2}{}$	018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	/ Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		***	
(Principal office address MUST BE A STREET ADDRESS)		*** * , , , , , , , , , , , , , , , , ,	
			8 FEB -
Enter new mailing address, if applicable:			ARY SSE
(Mailing address MAY BE A POST OFFICE BOX)			38
			7. CO
B. If amending the registered agent and/or registered office	ce address on our	records, enter th	e name of the new
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
MALE AND ADDRESS OF THE PROPERTY OF THE PROPER	Enter Florida st	reet address	
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Chap	luties, and I am fan ter 605, F.S. Or, if	niliar with and this document is

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
MGR	WUILIAN OBANDO	SEC PENCIL, MARIÑO AZN VENEZUELA	
			☐ Remove
			Change
	,		🗆 Add
			□ Remove
			Change
			🗆 Add
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becament's effective date on the light	ust be specific as block does not	nd cannot be pr meet the app	ior to date of licable statu	filing or more	han 90 days aft	i onal) er filing.) Pursu is date will no	ant to 60 ot be lis	5.0207 ted as
e record specifies a delaye The 90th day after the re	d effective cord is filed	date, but i l.	not an eff	ective time	e, at 12:01	a.m. on th	e earli	ier of:
ated		2018	^					
		J.	patt -	~~				
		A.Y	MW _	•				

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Filing Fee: \$25.00