L18000027717

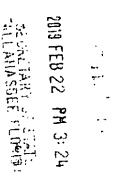
(Re	equestor's Name)	
_		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	ı
Certified Copies	Certificates	s of Status
·		
Special Instructions to	Filing Officer:	

Office Use Only



800324972188

02/22/19--01013--025 **25.00



C:15:181.R

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

INVERSION SUBJECT:	ONES TOSCANA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	The state of the s
Please return all correspo	ondence concerning this matter	to the following:	
	MYLENE ASTENCIO		
	ACMT GROUP INC.	Name of Person	
	221 ARAGON AVENUE,	Firm/Company , SUITE 205	
	CORAL GABLES, FL 33	Address	
	mastencio@hotmail.com	City/State and Zip Code	<u>,</u>
For further information c	E-mail address: (to be used for future annual report notil	ication)
MYLENE ASTENCIO	oncerning and matter, picase co	305 495-3056	
Name o	f Person	at ()	: Telephone Number
Enclosed is a check for t	he 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)
Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

$^{\circ}$	0	
ARTICLES OF C	DRGANIZATION	
C	F	30 B
INVERSIONES TOSCANA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	18.) 08
The Articles of Organization for this Limited Liability Company		08
	were med on	and assigned
Florida document number 1.18000027717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility compuny boro:	
If amending name, enter the new name of the minted han	mity company here.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC	" or the abbreviation "L. L. C."
	11001 NW 83RD STREET	of the above viation 12.12.C.
Enter new principal offices address, if applicable:	UNIT 102	
(Principal office address MUST BE A STREET ADDRESS)		
	DORAL, FL 33178	
Enter new mailing address, if applicable:	11001 NW 83RD STREET	
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 102	
	DORAL, FL 33178	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records	s, enter the name of the new
New Registered Office Address:		
The Wegister Shire Practical.	Enter Florida street address	<i>S</i>
	E1.	orida
-	City , FR	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra	e to act in this capacity. I fin	rther agree to comply with the
provisions of all statutes relative to the proper and complete	performance of my duties, an	nd I am familiar with and
accept the obligations of my position as registered agent as p	provided for in Chapter 605, i	F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Name	<u>Address</u>	Type of Action
MGR	MARYORIE RUZZA	11001 NW 83RD STREET, UNIT 102	
		DORAL, FL 33178	
			Remove
			Change
MGR	JAVIER E MONTERO	11001 NW 83RD STREET, UNIT 102	Add
		DORAL, FL 33178	
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effect Note: I	e date, if other than the date of filing:
. 1	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The S	,
) The S	febrero 19, 2019

Page 3 of 3

Filing Fee: \$25.00