

118000047950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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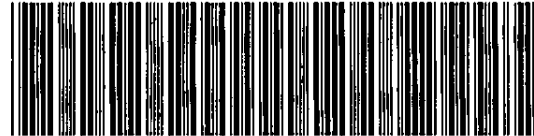
(Business Entity Name)

(Document Number)

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2018 MAR -7 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 8 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 27Minutos LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Sandovnik

Name of Person

27 Minutos LLC

Firm/Company

100 Willow Dr

Address

Bedminster NJ 07921

City/State and Zip Code

hsandovnik@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Sandovnik

908 3407172
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

33MINUTOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 22, 2018 and assigned
Florida document number L18000047950.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

27Minutos LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9357 FONTAINEBLEAU BLVD SUITE 202

MIAMI, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9357 FONTAINEBLEAU BLVD SUITE 202

MIAMI, FL 33172

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	IVAN J PINEDA GIRALDO	CRA 80C #33-43 APTO 401	<input type="checkbox"/> Add
		EDIFICIO ISAZU MEDELLIN	<input checked="" type="checkbox"/> Remove
		ANTIOQUIA, AN 050001 CO	<input type="checkbox"/> Change
CIO	JAIME A BERRIO ARENAS	CRA 38 # 5452 APTO 1606	<input type="checkbox"/> Add
		MEDELLIN ANTIOQUIA,	<input checked="" type="checkbox"/> Remove
		AN, 050001 CO	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 MAR -7 PM 3:02
 SECRETARY OF THE
 TREASURY OF THE
 STATE OF CALIFORNIA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

with day after the record is filed.

ARCH 01, 2018

_____, _____

Signature of a member or authorized representative

HARRY SANDOVNIK

HARRY SANDOVNIK

FILED
2016 MAR -7 PM 1:02
SECRETARY OF THE
TREASURY
TALLAHASSEE, FLORIDA