

LIB000061902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

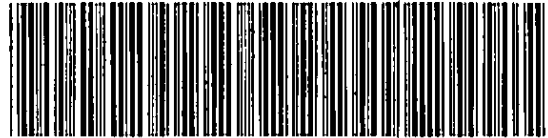
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2018 APR -6 PM 3:11

CLERK OF STATE
MASSACHUSETTS

M. MILLIGAN

APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROUP FEE PAY FILING

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEIDI AMENDOZA

Name of Person

Name of Person

5536 NW 11TH AVE UNIT 207

Address

DORAL, FL 33178

City, State and Zip Code

leidiambela@gmail.com

E-mail address (to be used to receive annual report notification)

For further information concerning this matter, please call:

LEIDI AMENDOZA

Name of Person

786
Area Code

712-7647
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 copies enclosed) | ☐ \$90.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|---|---|---|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6377
Tallahassee, FL 32304

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Union Building
700 Executive Center Circle
Tallahassee, FL 32301

March 31, 2018

REF: Business entity name: GROUP TEPUY 119 LLC

Entity assigned Department of State document number: 118000061902

CONVENSIONAL LEADER NAME: LARRY

I am writing this letter to inform you that there is a typing error on the TITLE of person authorized to manage GROUP TEPUY 119 LLC in the Article V. That's why I am requesting the correction.

Please find attached the Amendment.

The NAME of the person authorized to manage the same is: LARRY
LEADER NAME: LARRY (Remain the same)
LEADER NAME: LARRY (Remain the same)
DORAL, FL 33176 (Remain the same)

PLEASE CORRECT IT AS SOON AS POSSIBLE BECAUSE I AM TRYING TO REQUEST THE EIN NUMBER AND GOT AN ERROR FROM IRS AND I THINK IT COULD BE FOR THIS TYPING ERROR.

THANK YOU
I will appreciate your help.



Larry Arlenodora
Registered Agent of GROUP TEPUY 119 LLC
Daytime telephone Number: 1-305-212-7147
Return Address: 6636 NEW 114th AVE, NW 1147 DORAL, FL 33176

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GROUP LLC, FLY 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 March 08, 2018 and assigned
Florida document number 118000061902

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

Frederic Pardoza

5536 NW 114th Ave #107

(A Florida street address)

Dr. A.C.

City

Florida

33178

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 602, 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.

Frederic Pardoza

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	LEIDIA MENDOZA	3536 NW 44TH AVE UNIT 207	☐ Add
		DORAL FL 33178	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary)

Title: MGR (to be corrected) Typing error on FEE of person authorized to manage GROUP LEADERSHIP
in Article V

LEIDIA MENDOZA (Remain the same)

MIR (Change it for MRS)

5536 NW 114TH AVE UNIT 207 (Remain the same) DORMELLE 33178 (Remain the same)

E. Effective date, if other than the date of filing: _____ (optional)

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 (4)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

March 31

2018



Signature of "authorized" representative of a member

LEIDIA MENDOZA

Typed or printed name of signer

SECRETARY OF STATE
JULIA AHASSSE, CLERK

2018 APR -6 PM 3:11

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