## 118000074768

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER** -

TO:	Registration Sec Division of Corp		,	
enbie	Las Dichas2			
SUBJE	СТ:		ed Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please 1	eturn all correspon	dence concerning this matter to	o the following:	
		Rose Brill, Esq.		
			Name of Person	
		Breger Law Group		
			Firm/Company	
		20801 Biscayne Blvd., Suite	e 300	
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		juarvalenzuela@gmail.com	1 -16 6	Seekin)
			be used for future annual report notif	reaction)
For fur	ther information co	ncerning this matter, please cal	11:	
Juan A. Villegas Valenzuela			at ( <u>305</u> ) 945-75 Area Code Daytime	527
	Name of	Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>\$25</b>	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

Las Dichas2, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 118000074768	y were filed on March 22, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TALL TALL
		APR I
Enter new mailing address, if applicable:		- 6 SSX
(Mailing address MAY BE A POST OFFICE BOX)		<b></b>
		1: 1:07 11:S
		56 56
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Florida	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> Name <u>Address</u> Type of Action JUAN A. VILLEGAS MGR □ Add □ Remove JUAN A. VALENZUELA VILLEBAS \_□ Add □ Remove \_□ Change \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change

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fective date, if other than the in effective date is listed, the date mus	date of filing:	ate of filing or more than	(optional) 90 days after filing.) Pur	rsuant to 605.020
ote: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable	statutory filing requir	ements, this date will	not be listed as
record specifies a delayed The 90th day after the rec		n effective time, a	at 12:01 a.m. on	the earlier o
ted April 12	2018			
$\Omega$	<b>Z</b> .,			
	Signature of a member or authorize			

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Filing Fee: \$25.00