L18000112372

(Requestor's Name)			
· ·			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
, , , , , , , , , , , , , , , , , , ,			
Contified Conice Contificator of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L			

Office Use Only



700329390387

₩5/20/19--01025--006 **25.00



Anund

JUN ., 2019

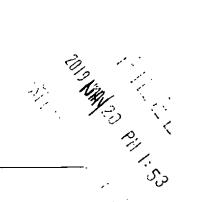
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	GAROMA MATVA, L		
	Name of Limited	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	tted for tiling.	
Please return all correspo	ndence concerning this matter to	the following:	
	JACQUELINE A. SALCINE	ES, ESQ.	
	JACQUELINE A. SALCINE	Name of Person	
	706 S DIXIE HIGHWAY 28	Firm/Company ND FLOOR	
		Address	
	CORAL GABLES, FL 3314	City/State and Zip Code	
	J.SALCINES@SALCINESL.	A W.COM be used for future annual report not	illication)
			ancadon)
For further information c	oncerning this matter, please call	:	
JACQUELINE SALCINES		305 6695280	
Name o	f Person	Area Code Daytit	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GAROMA MAYVA, LLC		<i></i>
(<u>Name of the Limited Liability Co</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Organization for the Organization for the	any were filed on MAY 4, 2018	and assigned
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	706 S. DIXIE HIGHWAY 2ND CORAL GABLES, FL 33146	FLOOR
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
If	Changing Registered Agent, Signature of	New Registered Agent

Page 1 of 3

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 **Type of Action Address** <u>Title</u> <u>Name</u> ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove _ Change _□ ∧dd _□ Remove

_□ Change

lfam	nending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
		<u> </u>
Effec	tive date, if other than the date of filing: _	mol be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	Trective date is listed, the date must be specific and car 1 If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed as t
docui	ment's effective date on the Department of State	e's records.
		e, but not an effective time, at 12:01 a.m. on the earlier of:
1 []	e 90th day after the record is filed.	
_	MAY 14, 2019	
Dated	19711, 2019	
	1/23/1	
	Signature of a men	her or authorized representative of a member
		FERNANDEZ ped or printed name of signee
	1 5	ped of printed frame of signed
		Page 3 of 3

Page 3 01 3

Filing Fee: \$25.00