L18000122125

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C. GOLDEN
DEC -1 2018

COVER LETTER

TO:	Registration Se Division of Cor						
citori	13300 SW						
Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Andres F Navarro					
		-	Name of Person				
Firm/Company							
13300 SW 59 Ave							
Address							
		Miami, FL 33156					
			City/State and Zip Code				
		anavarroma@hotmail.com E-mail address: 0	to be used for future annual report notif	ication)			
For fur	ther information c	concerning this matter, please co					
Andre	s F Navarro		at (<u>786)</u> 320 Area Code Davimo	6716			
	Name o	of Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for t	he following amount:					
■ \$2:	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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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13300 SW 59 LLC

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

SECRETARY OF STATE

	(A Fiorida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L18000122125	ability Company were filed on 05/15/2018	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>s</u> fice address here:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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>	Name	Address	Type of Action
MGR	Dres H Davalos Cordovez	13300 SW 59 Avenue	Add
		 	■ Remove
		Miami, FL 33156	☐ Change
			Add
			☐ Remove
			☐ Change
		· —	
			Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change

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Typed or printed name of signee

Filing Fee: \$25.00