# 118000123228

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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT:	Name of Limited Liability Compa	any
The enclosed Articles of Ame	indment and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
-	Rodolfo Emil	10 Lazz Dulcet.
-	Firm/Compa	nny
	2048 SW 301	tn Ct
	Miami FL =	33133 .
_	City/State and Zip rodolfoloptzd44 E-mail address: to be used for future	aDyanos.com.
For further information conce	rning this matter, please call:	
ROHOHO Name of Per	OPC2 at (Bu) Area Coo	Daytime Telephone Number
Enclosed is a check for the fo	lowing amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Co	

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

(Name of the Limited Liability Compa		
The Articles of Organization for this Limited Liability Company Florida document number L180001232-28	were filed on 05/10/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbro	
Enter new principal offices address, if applicable:		<u>د</u> ۱۳۷۱۶ <b>18</b>
(Principal office address MUST BE A STREET ADDRESS)		S SE
		2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PM 1: 57
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter th</u> <u>c</u> :	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

### 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.

Cuy

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
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	Cornell .		orized representative			
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Filing Fee: \$25.00