## 118000134944

(Re	questor's Name)	
(Ad	dress)	
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O SIMMONS JUN 1-3 2018

## **COVER LETTER**

SUBJECT:	DE LA PAZ ESTATE	ELLC	
30bite1	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JORGE DE LA PAZ	
		Name of Person	<del>-</del>
		DE LA PAZ ESTATE LLC	
		Firm/Company	
	I	0505 SW 146TH AVE	
		Address	
		MIAMI FL 33186	
	<del></del>	City/State and Zip Code	
		BLANDY@YAHOO.COM.MX	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JORGE DE I	.A PAZ	786 306-8705	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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:

TO:

Registration Section Division of Corporations

> 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**

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	lliability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		• 3
B. If amending the registered agent and/or register	ed office address on our recor	ds, enter the name of the
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		•
		FloridaZip Code

Thereby 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>	<u>Name</u>	Address	Type of Action
MGR	JORGE DE LA PAZ	10505 SW 146TH AVE	Add
		MIAMI Ft. 33186	Remove
			Change
AMBR GIPSY DE LA PAZ	GIPSY DE LA PAZ	10505 SW 146TH AVE	Add
		MIAMI FL 33186	□ Remove
		<del></del>	Change
			□ Add
			Remove  Change  Add
			☐ Change
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			☐ Change
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ffective date	e, if other than the date o	f filing:	(or	otional)
an effective da  lote: If the d	ate is listed, the date must be spe- late inserted in this block doc	citic and cannot be prior to days not meet the applicable:	(op to of filing or more than 90 days a statutory filing requirements,	ther filing.) Pursuant to 605,0207
ocument's ef	Tective date on the Departme	ent of State's records.		====
		Attornal de La Nacional de la Companya de la Compa		
The 90th	day after the record is	filed.	effective time, at 12:0	i a.m. on the earlier of
	JUNE 7TH	2018		
ated	30110 7111			
		Ha	•	
	Signatu	re of a member of authorized	representative of a member	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00