## 48000139277

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialies (Manuscry)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>





000320745850

12/07/18--01021--003 \*\*25.00

59,41

2018 DEC -7 AM 10: 3 SECRETARY OF STAI

## **COVER LETTER**

TO: Registration Division of	on Section Corporations		
NARIO	GUETE INVESTMENTS, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	RICARDO E. PINES, ESO	Ś	
		Name of Person	<u>.                                      </u>
	RICARDO E, PINES P.A.		
		Firm/Company	
	3301 PONCE DE LEON I	BLVD., SUITE 200	
	·	Address	
	CORAL GABLES, FLOR	IDA 33134	
	ricardo@repinespa.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further informati	on concerning this matter, please co	all:	
RICARDO E. PINE	S	305 461-5757	
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fed	e □ \$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

FILED

2018 DEC -7 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FL

NARIGUETE INVESTMENTS, LLC

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

The Articles of Organization for this Limited I	iability Company	were filed on	8 and assigned
Florida document number L18000139277	<del></del> -		
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	-	·
(Principal office address MUST BE A STREE	ET ADDRESS)	3301 Ponce de Leon B	
		Coral Gables, Florida 3	3134
Enter new mailing address, if applicable:		3301 Ponce de Leon Bl	vd., Suite 200
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, Florida 33134	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<b>:</b>	cords, enter the name of the nev
	3301 Ponce de i	Leon Blvd., Suite 200	
New Registered Office Address:		Enter Florida stree	t address
	Coral Gables		Florida 33134 Zip Code
		Cùy	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete j istered agent as p registered office i	performance of my dua rovided for in Chapter	ties, and I am familiar with and 605, F.S. Or, if this document is
	If Chan	oing Registered Agent Sig	nature 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>	<u>Address</u>	Type of Action
Manag	RAFAEL EDUARDO GODOY	3301 Ponce de Leon Blvd., #200 Coral Gables, Florida 33134	Add
			Remove
		<del></del>	Change
			□ Add
			Remove
			☐ Change
	<del></del>		\D Add
			☐ Remove
		<del></del>	Change
			Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
<del></del>			
			☐ Remove
			☐ Change

_		
_		
_		
_		
_		
	<del></del>	
_		
ion effect iote:   If	e date, if other than the date of filing:	0207 d as
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	:⊏of
ated	Hopef Columbio Cooles	
•	Signature of a member or authorized representative of a member  RAFAEL EDUARDO GODOY	

Page 3 of 3

Filing Fee: \$25.00