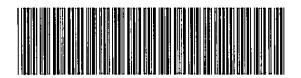
L18000 166466

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





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2018 OCT 15 PH 3: 40

M. MILLIGAN
OCT 1 8 2018



September 8, 2018

ACAZZA, LLC ATTN: LAURA HEREDIA 1149 EXCELLER CT, APT 203 CASSELBERRY, FL 32707

SUBJECT: ACAZZA, LLC Ref. Number: L18000166466

We have received your document for ACAZZA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

RECEIVED OCT 15 2013

Letter Number: 518A00018625

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Acazza LLO	-		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Laura Heredia		
			Name of Person	
		Acazza		
			Firm/Company	
		8925 Lee Vista Blvd - Un	it 2704	
			Address	
		Orlando / FL 32807		
		laura l heredia@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
Juan Mor	ntes		407 719-0522 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 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



Acazza 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 Liability Company were filed on 7/2/2018 and assigned Florida document number I 18000166466 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8925 Lee Vista Blvd - Unit 2704 Enter new principal offices address, if applicable: Orlando / FL 32807 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Juan Montes	8925 Lee Vista Blvd - Unit 2704 Orlando FL 32807	Add
			Remove
			Change
MGR	Laura Heredia	8925 Lee Vista Blvd - Unit 2704 Orlando FL 32807	Add
			Remove
			Change
AMBR	Juan Montes	8925 Lee Vista Blvd - Unit 2704 Orlando FL 32807	_ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
		**-	□ Remove
			Change
			□ Add
			Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			-	
			-	
			•	
		 -		
(If an c <u>Note:</u>	tive date, if other than the date of filing:	suant to 605 not be list	5.0207 (3 cd as th	l)(b) ic
If the re (b) The	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the earli	er of:	
Datec	10/3/18	E gg	2010 C	
	Signature of a member or authorized representative of a member		51 i 30 noz	 مود داون
		40 101	5 PH	T T
	Typed or printed name of signee	- (Tab	ာ သ	ľ

Page 3 of 3

Filing Fee: \$25.00