18000171484

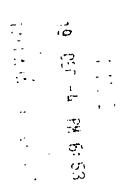
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100337522531

12/84/19--61805--884 **25.80



JAN 0 9 2020 S. YOUNG

Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
enclosed Articles of	Aniendment and fee(s) are sub	mitted for filing.	
e return all correspo	indence concerning this matter	to the following:	
	PEDRO H PAES RIBEIR	()	
		Name of Person	Person C Inpany SS Zip Code Ure annual report notification) 325-3878 Code Daytime Telephone Number Illing Fee & □ So0.00 Filing Fee, 4 Copy Certificate of Status & Certified Copy Loopy is enclosed) Certified Copy
	MASKA BUSINESS CON	SULTING LLC	
		Firm Company	
	949 BRICKELL AVE STI	E410	
		Address	
	MIAMI, F1, 33131		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	PEDRO@MASKAGROUT		
	E-mail address. (to be used for future annual report noti-	fication)
urther information c	oncerning this matter, please c	all:	
RO H PAES RIBEI	RO		
Name o	f Person	Area Code Daytim	e Telephone Number
osed is a check for th	ne following amount:		
325.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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



TO ARTICLES OF ORGANIZATION OF

CAPITOLA CITY LLC					
(Name of the Limited	t Liability Comp; X Florida Limited	iny as it now appears on our records.) Liability Company)			
rticles of Organization for this Limited Lia a document number L18000171484	hility Company	were filed on and and	assigned 👵		
a document number	vino:				
amending name. enter the new name of t	the limited liab				
w name must be distinguishable and contain the wor	rds "Limited Liabi		r"L.L.C."		
new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS)		2001 LUDLAM ROAD #212			
		MIAMI, FL			
		33155	01 LUDLAM ROAD #212 IAMI, FL		
new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX)		2001 LUDLAM ROAD #212			
		MIAMI, FL			
		33155			
f amending the registered agent and/or ered agent and/or the new registered offi	ce address her	ffice address on our records, <u>enter the nar</u> e: INESS CONSULTING LLC	ne of the nev		
New Registered Office Address:	999 BRICKELL AVE STE 410				
		Fater Clarala street address			

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability have has been notified in writing of this change.

Cuv

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

TR = Manager

<u>le</u>

IBR = Authorized Member

<u>Name</u>

1BR	BOLINAS BAY ELC	2001 LUDLAM ROAD #212	Add
		MIAMI, FL	Remove
		33155	☐ Change
			
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			☐ Change

<u>Address</u>

Page 2 of 3



Type of Action

	· · · · · · · · · · · · · · · · · · ·			•
				_
		·		-
			· · · · · · · · · · · · · · · · · ·	•
e date, if other than the date of filing: (optional) the date is listed, the date mast be specific and commot be prior to date of filing or more than ⁶⁰ days after filing.) Passuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied that day after the record is filed. DICTOBER 2STH 2019 Aman May Signature of a member or audiovized representative of a member	-			
				_
·	<u></u>			•
		·		•
			······	
				-
		 		-
				-
				•
e date, if other than the da	e of filing:		(optional)	
ctive date is listed, the date must be	specific and cannot be prior to o	iate of filing or more than 9	O days after filling.) Pursuant to 603	5.020 m.t.m.
t the date inserted in this block nt's effective date on the Dena	uoes not meet the applicabl Iment of State's records.	e statutory timig require	ments, this date will not be list	.cc a:
it softeenve time on the frepai	ment of mate a records,			
ord specifies a delayed ef	fective date, but not a	in effective time, at	:12:01 a.m. on the earli	er o
90th day after the record	is filed.			
OCTOBER 28TH	2019			
	· · · · · · · · · · · · · · · · · · ·	•		
	al-	0.44		
<u></u>	<u> Yenen</u>	wy.	L 2	
Sig	sature of a member or authoriz	ed representative of a mem	per	
INDESERT OF SELECTION				
DENISE TONON NERY				
	Typed or printed in	ame of signee		

Page 3 of 3

Filing Fee: \$25.00