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My Will

## COVER LETTER.

TO: Registration Se Division of Cor			
Miranda & SUBJECT:	Perez LLC		
nobjict.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ivonne Perez	Jones	
	Miranda & Perez LLC	Name of Person	
		Firm/Company	
	1548 Brickell Ave Ste 30		
		Address	<del></del>
	Miami FL 33129-1219		
	IP@OrianaMiranda.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Ivonne Perez		305 600-4487	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

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 Lim	ted Liability Company as it now appears on o	ur records.)
Viagata agrae and	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number 1.18000180349		and assigned
This amendment is submitted to amend the fol	lowing:	
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	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		SS 30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		8 2 8 2
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the
Name of New Registered Agent:	Andres Blanco	
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code

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

Page 1 of 3

Janus

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Andres Blanco	1548 Brickell Ave Ste 30	<b>■</b> Add
		Miami Fl. 33129-1219	
			☐ Change
			□ Remove
			Change
			Remove
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Page 3 of 3

Filing Fee: \$25.00