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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER AUG 1 4 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: Mante of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Mane of Person	
KTorres Services Corp	
600 Sederal Huy ste 207	
Xerfield Bach, Fr 33441 City/State and Zip Code	
E-mail address. (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karolina Torres at 1 561, 562-6814  Name of Person Area Code Daytime Telephone Number	
Asime of Person Area Code Daytime Telephone sumper	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Certificate of Status Certified Copy (Certificate of Certificate of Certified Copy) (Certified C	of Status & - opy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montesi II	lli			
( <u>Name of the Limited Liability C</u> (A Florida Lu	ompany as it now appears ( nited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2013}{1800018603}$ .			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here	;		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C.	<del>,,</del>
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRES	(8)		<b>ಪ</b>	_ <u>≥</u>
			AU_	SION
			<u>କ</u>	- GET
Enter new mailing address, if applicable:			0	
(Mailing address MAY BE A POST OFFICE BOX)			3	-중우 - 요요
			••	ŽΑ
			<del>-</del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter th</u>	ne name of t	the new
Name of New Registered Agent:				
New Registered Office Address:		_		
	Enter Floride	i street address		
		Florida	····	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of m t as provided for in Ch	y duties, and Lam far apter 605, F.S. Or, if	niliar with ar this documer	ud

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
AMBR	Montesi Corp	2592 Carambola Cir N	<b>J</b> M_Add
		Coconut Creek, Fe 35066	🗆 Remove
			□ Change
•			□ Remove
•			
	<del></del>		🗆 Add
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		ORPORATIONS
		77
(If an e Note	rtive date, if other than the date of filing:	207 (3 as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Date	d Luguet 6th 2018.	
	d Lugust 6th. 2018.  Wira Montesi da Silva  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	DIVA MONTESI DA SILVA	

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Filing Fee: \$25.00