## 118000186658

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SEP - I AMIL: 12

SEP 0 7 2018 D CUSHING **COVER LETTER** 

TO: Registration Sec Division of Corp		
SUBJECT: L	Mentesi III UC Name of Limited Liability Company	
The enclosed Articles of 7	Amendment and fee(s) are submitted for filing.	
Please return all correspor	ndence concerning this matter to the following:	
·		
	Karolina Torres	
	Karolina Torres Name of Person	
	KTORRES SERVICES COSP	
	600 5 Federal Hwy ste 207	
	Derfield Brach, FL 33441	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
		<u> </u>
. 1	oncerning this matter, please call:	₹ <b>0</b>
Kamlina	1 Torres 561, 562 0814	
Name of	rPerson at (561) 562 - 08 14  Area Code Daytime Telephone Number	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		- / ;
Enclosed is a check for the	ne following amount:	AH SE
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certif	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clition Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)



August 22, 2018

KAROLINA TORRES KTORRES SERVICES CORP 600 S FEDERAL HWY, STE 207 DEERFIELD BEACH, FL 33441

SUBJECT: MONTESI III LLC Ref. Number: L18000186658

We have received your document for MONTESI III LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 618A00017424

RECEIVER 18 SEP -4 PM 2: 57 SECRETARY OF ALLAHASSEF FOR

## ARTICLES OF AMENDMENT TO



	st 111 LUA			·	?
( <u>Name of the Limited</u> (λ	Liability Company Florida Limited Lin	as it now appears (bility Company)	on our records.)		<u>`</u> _
The Articles of Organization for this Limited Liab	oility Company w		08/03/2018	and assigned	
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabili	ty company he	<u>re</u> :		
The new name must be distinguishable and contain the word	ds "Limited Enability	Company," the de	signation "LLC" or the a	abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	de:				_
(Principal office address MUST BE A STREET.	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				- -
B. If amending the registered agent and/or registered agent and/or the new registered offic	***	ce address on	our records, enter	the name of the	new
Name of New Registered Agent:					_
New Registered Office Address:		Enter Flori	da street address		
			Liborido		
		City	, riorida	Zip Code	-
New Registered Agent's Signature, if changing Reg	gistered 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ambr</u>	Patricia Montesi Pereira	2592 Carambola Cir N	—₩ vaq
		Coconut Creek, Fr 33066	□ Remove
			Change
AMBL	fernanda Montesi Pereil	a 2592 Carambola Gir N	<mark>\</mark> Xadd
		loconut buk, fr. 33066	□ Remove
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ive date, if other than the diective date is fisted, the date must be	be specific and cannot be prior to c	late of filing or more than 90 days	s after filling.) Pursuant to 605,1
If the date inserted in this bloc ent's effective date on the Dep		e statutory filing requirement	s, this date will not be lister
•			
ord specifies a delayed	effective date, but not a	n effective time, at 12:	01 a.m. on the carlie
90th day after the reco		,	
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Cugust, 14"	, 2018		
F / / /	11 L	. (1)	
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Jugust 14th	gnature of a member or authorize	d representative of a member	

Page 3 of 3

Filing Fee: \$25.00