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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corp	orations		
SUBJECT: How	ntesi II LLC Name of Limit		
•	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Karolina	Torres	
		Name of Person	
	1. Tarrel	Name of Person Sernial, with Firm/Company	
	KIUII CS 2	Firm/Company	
			_
	600 J fea	leral Hw/ ste	207
		Address	
	scerfild	Brach, R 334. City/State and Zip Code Kto messern was be used for future annual report notion	41
		City/State and Zip Code	
	Ktores (A Ktorresservius	0 CM
	E-mail address: (Te	The used for future annual report noti	fication)
For further information co	ncerning this matter, please cal	N:	
Karolina	Torres	at (<u>561</u>) <u>562</u> Area Code Daytim	0314
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	L		
\$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)

TO:

Registration Section

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

Menksi II Luc		
(Name of the Limited Liability Compar (A Florida Limited I.	<u>iy as it now appears on o</u> r iability Company)	ur records,)
The Articles of Organization for this Limited Liability Company of Plorida document number <u>LISO OOFS 6665</u> .	were filed on $-\frac{3}{2}$	u3 ZO Y and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designal	ion "LEC" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		8 V.S.E.
(Principal office address MUST BE A STREET ADDRESS)	···	0
		사 용인
Enter new mailing address, if applicable:		— — — — — — — — — — — — — — — — — — —
(Mailing address MAY BE A POST OFFICE BOX)		9 2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida str	vet address
		Florida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Montesi Corp	2592 Grambola Lir N	XAdd
	'	2592 Carambola Lir N Elevent Creek, Fe 33066	□ Remove
			☐ Change
			AJd
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ective date, if c	ther than the date of filing:	(optional)
reffective date is I te: If the date in	sted, the date must be specific and cannot be prior to date of filing or more that serted in this block does not meet the applicable statutory filing requ	on 90 days after filing.) Pursuant to 605, direments, this date will not be liste
	e date on the Department of State's records.	
	ies a delayed effective date, but not an effective time, after the record is filed.	at 12:01 a.m. on the earlie
ed Au	Piva Montes: da Silva Signature of a member or authorized representative of a n	
	Viva Montes, 9a JiVa Signature of a member or authorized representative of a r	nember

Page 3 of 3

Filing Fee: \$25.00