## 118000189441

(Re	equestor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ty/State/Zip/Phone	#)
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SECRETANT OF STATE

K SALY SEP 1 2 2018

## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:		NES HAWAY CA LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		DORIS YALILA BURGO	S	
			Name of Person	<del></del>
			Finn/Company	
		7924 CUMBERLAND PA	, ,	
		ORLANDO/ FL 32821	Address	
		LARA828718@GMAIL.CO	City/State and Zip Code	
			to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
LUIS AND	ERSON ROD	RIGUEZ	516 3027375 at ( )	
	Name of	Person		Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 SEP-7 PH 3: On TALLAHASSEE, FLORIDA

INVERSIONES HAWAY CA LLC

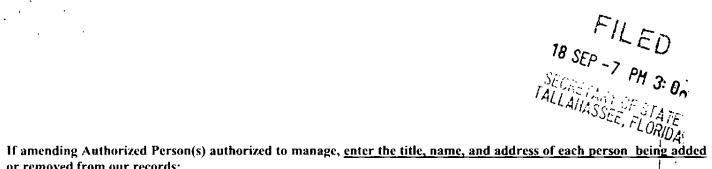
company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company were filed on AU	GUST 07, 2018 and assigned
Florida document number L18000189441		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	<del> </del>
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del> </del>
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	LUIS MANUEL AZUAJE BURG	OS
New Registered Office Address:	New Registered Office Address: 7924 CUMBERLAND PARK DR APT 5305	
Enter Florida street address		
	ORLANDO	Florida 32821 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

If Changing Registered Agent, Signature of New 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



or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DORIS Y BURGOS	7924 CUMBERLAND PARK DR APT 5305 ORLANDO/ FL 32821	Add
			■ Remove
		- <del></del>	Change
AMBR LUIS MANUEL AZUAJ BURGOS	LUIS MANUEL AZUAJE BURGOS	7924 CUMBERLAND PARK DR APT 5305 ORLANDO/ FL 32821	<b>a</b> Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
			D Add
			Remove
			Change

	18 cc
	SECRETAL OF STAVE
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	- ASSEE, FLORIDA
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	e and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0203 not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effectiv The 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earlier o ed.
AUGUST 28	2018
Salution	<del>&gt;</del>
Signation ( Signation	of a member or authorized representative of a member

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Filing Fee: \$25.00