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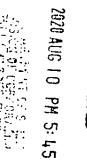
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SEP 2 9 2020 S. YOUNG



COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	LA CONG	OSTA LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Anthony Morales		
			Name of Person	
		MyUSAcorporation.com		
			Firm/Company	 _
		1 Radisson Plaza, Suite 80	0	
			Address	
		New Rochelle, NY 10801		
			City/State and Zip Code	
		agustin@vargasmanriquez.c	com to be used for future annual report notific	ation)
For furth	ner information co	oncerning this matter, please ca		
Anthon	y Morales		877 330-2677 at ()	
•	Name of	f Person	Area Code Daytime 7	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	ion

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CONGOSTA LLC			6
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears os our reconstability Company)	A P
The Articles of Organization for this Limited L Florida document number L18000191487	iability Company	were filed on	and assigned in
This amendment is submitted to amend the following	lowing:		: · · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	15390 SW 20 ST.	
(Principal office address MUST BE A STREE		MIAMI, FL 33185	
Enter new mailing address, if applicable:		15390 SW 20 ST.	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33185	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	ENRIQUE L. C	COLINA	
New Registered Office Address:	stered Office Address: 15390 SW 20 ST.		
		Enter Florida street oddre	ra -
	MIAMI	, F	Torida 33185
		City	Zin 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

If amending Anthorized 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
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			
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Tective date, if other than the confective date is listed, the date material of the date inserted in this becament's effective date on the	DIOCK GOES HOL HICCL HIC	BUDNICADIE SIMILIIOI	(oping or more than 90 days aft y filing requirements, th	tional) er filing.) Pursuant to 605.02 iis date will not be listed
ecord specifies a delayed effect is filed.	ive date, but not an effe	ctive time, at 12:01	a.m. on the earlier of:	b) The 90th day after th
July 29th	2020			
	Signature of a member	or authorized represe	ntait or pr a morbiter	/ /

Filing Fee: \$25.00