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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	

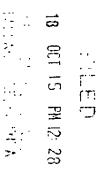
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RECEIVED OUT 15 M.J



OCT 24 2018

COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT: MC	Name of Limited Liability Company diment and fee(s) are submitted for filing.
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	CASSIO MARKMAN
	Name of Ferroit
	Firm/Company
	9705 COLLINS AVE. APT BOZ
	BAL HARBOUR FL 33154 City/State and Zip Code
	MARKMAN CASSIO @ GMAIL COM 15-mail address: (to be used for future annual report notification)
For further information cor	ncerning this matter, please call:
Name of I	Person at (305) 915 7015 Person Daytime Telephone Number
Name of F	Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability (A Florida L	CCESS Company as it now appears o imited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 180-6 192 []]</u>	npany were filed onC	98/10/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		1.25
Enter new mailing address, if applicable:		P. 17
(Mailing address MAY BE A POST OFFICE BOX)	•	28
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Finer Florida	street address
	ismer i urian	
	City	, Florida Zip 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 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>	Name	<u>Address</u>	Type of Action
	CARLOS EDUARDO	20201 E. COUNTRY CLUT	
member)	CASA GRANDË	APT 309, AVENTURA FL tel: 786-818-1890	33180 Remove
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(If an effec <u>Note:</u> If	e date, if other than to tive date is listed, the date The date inserted in this it's effective date on the	must be specific s block does n	and cannot be of meet the ap	plicable statu	filing or more th	an 90 days af			
	rd specifies a delay Oth day after the r			not an eff	ective tíme	, at 12:01	a.m. (on the	earlier
Dated _	August		. 20	18_					

Page 3 of 3

Filing Fee: \$25.00