# 118000204005

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## **COVER LETTER**

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DINORATH Peña Name of Person
EQUISER CA UC Firm/Company
6631 NW 731d CT
MIAMI FL 33166  City/State and Zip Code  Dena e Gouser-net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dinorath Pena at (786) 3148393  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status    S30.00 Filing Fee Certified Copy (additional copy is enclosed)   S60.00 Filing Fee.

### MAILING ADDRESS:

TO:

Registration Section

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equiser C	
(Name of the Limited Liability Co	ompany as it now appears on our records.)
(A Florida Lim	nited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 27 /2018 and assigned Florida document number <u>L 18000204005</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words	"Limited Liability				n "L.L.C."
Enter new principal offices address, if applicable	:	6631	NW 73	ic ct	
(Principal office address MUST BE A STREET A	DDRESS)	<u>Hiai</u>	41 FL 3	33166	
			······		
Enter new mailing address, if applicable:		663	1 NW 7	3 1 ct	
•	ı.		ani Fl	23/66	á
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u>	MIA	341 / 20	55,04	<u> </u>
B. If amending the registered agent and/or i	registered offi	ce address o	n our records, e	enter the na	me <u>of the</u>
registered agent and/or the new registered office			, •	90	
				必要 子	
		1 -	1/4	244	1
Name of New Registered Agent:	<u> </u>	IgAR	YANEZ		
		<i>.</i>	م الم حد		$\bigcirc$
New Registered Office Address:	6631	NW =	13 CI	<u> </u>	
		Enter Flo	orida street address	ē.	
	Miar	1 i	Flori	da 331	66
<del>-</del>	1	City		Zip C	'ode
		•		•	

### 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 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.

f Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRH	YANEZ Edgar A.	6631 NW 7312 CT HIAMI FZ	3316.6 <b>X</b> Add
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Page 3 of 3

Filing Fee: \$25.00