11/7/2018



Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone

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Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERRAYA Q 1609 LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERRAYA Q 1609 LLC			
(Name of the Limited Liability Com (A Florida Limite	id Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compa. Florida document number L18000216123	ny were filed on SEP	TEMBER, 11TH, 2018	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company her	<u>e</u> ;	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "LLC" or the abhr	eviation "L.L.C."
Enter new principal offices address, if applicable:	 _		
(Principal office address MUST BE A STREET ADDRESS)			
		\$43.00 55.300	
Enter new mailing address, if applicable:			5 1
(Mailing address MAY BE A POST OFFICE BOX)		\$55	
		27.57 19.19	- 7 - 3 -
B. If amending the registered agent and/or registered	office address on	our records, enter t	he name of the ne
registered agent and/or the new registered office address h	<u>iere</u> :	in.	. 67
Name of New Registered Agent:			
New Registered Office Address:	Carry (Clary)	da street address	
	Enter P10714	-	
	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

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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	Address	Type of Action
AMBR	MARIA P HERRERA ALLENDE	20379 W COUNTRY CLUB DR. #838	
		AVENTURA, FL 33180	
			Remove
			C Change
AMBR	MARIA PILAR ARAYA VELIZ	20379 W COUNTRY CLUB DR. #838	Add
		AVENTURA, FL 33180	□ Remove
			C Remove
			Change
			□ Add
		322	Remove
			5 Change
		SSIZ	
			Add D
			Remove
		<u> </u>	Change
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			□ Remove
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			□ Change

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ffective date, if other than the date of filing:	(optional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 605.02
<u>vote:</u> If the date inserted in this block does not meet the applicable statutory fill ocument's effective date on the Department of State's records.	ling requirements, this date will not be disted a
·	
e record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	·
· · · · · · · · · · · · · · · · · · ·	
Dated NOVEMBER, 6TH , 2018	
1 / Y \ .	
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Figure of a member or authorized representati	is all a member

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