## L18000218822

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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TO:			
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enna			SILC.
SUBJ	FC1:	Name of Lim	ited Liability Company
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ondence concerning this matter	
		MARILANE LOPES RIB	EIRO
Please return all correspondence concerning this matter to the following:  MARILANE LOPES RIBEIRO  Name of Person  MLR MANAGEMENT & INVESTMENT'S LLC  Firm/Company  3079 BEACH PALM AVE  Address  KISSIMME, FL 34747  City/State and Zip Code  RLMARILANE@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARILANE LOPES RIBEIRO  954  S168345  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \text{\$\Begin{array}{c} \$\S0.00 \text{Filing Fee} \text{\$\Certificate of Status} \$\Certifica			
		MLR MANAGEMENT &	INVESTMENTS LLC
		Firm/Company	
		3079 BEACH PALM AVE	
		MICCIANAE EL 24747	Address
		KISSIMIMIE, FL 34/4/	
		RLMARILANE@GMAIL.	
		E-mail address: (	to be used for future annual report notification)
For fin	rther information o	oncerning this matter, please of	iall:
		•	
1-11-11-1		,,,,,,,	
	Name o	f Person	
Enclos	ed is a cheek for th	ne full owing amount:	
		_	Election IIII II a Electron and IIII II
LI \$2	3.00 Filing Fee	-	Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
			International Company  International Company
	Division of Corporations  MLR MANAGEMENT INVESTMENT  BJECT:  Name of Lin  Name of Lin  Name of Lin  Reserved Articles of Amendment and fee(s) are substance return all correspondence concerning this matter  MARILANE LOPES RIF  MLR MANAGEMENT &  3079 BEACH PALM AV.  KISSIMME, FL 34747  RLMARILANE@GMAIL  E-mail address:  Further information concerning this matter, please of ARILANE LOPES RIBEIRO  Name of Person  Closed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations		
		ssee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		F		Con .
	-			70
MLR MANAGEMENT & INVEST	MENTS LLC			William So
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number L18000218822	ability Company	were filed on	2019	and assigned
This amendment is submitted to amend the follo	vuina:			
	Ü			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	hle:	3079 BEACH PALM	A AVE	
<del></del>		KISSIMMEE, FL 34	1747	<del></del>
(Principal office address MUST BE A STREET	( ADDRESS)			<del></del>
		<del></del>		
		2/21 1/12 2 1/2/11		
Enter new mailing address, if applicable:		2621 NE 212TH TEI		
(Mailing address MAY BE A POST OFFICE E	BOX)	AVENTURA, FL 33	180	
			<u>-</u>	72
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered of ice address here	fice address on our	records, enter th	e name of the new
Name of New Registered Agent:	MARILANE LOPES RIBEIRO			
New Registered Office Address:	2621 NE 212TI	I TER UNIT 204		
		Enter Florida sti	reet address	
	AVENTURA		33180	0

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARIANA PEREIRA GAMA	3745 NE 171TH ST APT 32	
		NORTH Miami Beach	
			Remove
		FL33160	
			Change
Р	MARILANE LOPES RIBEIRO	SQNW 307 BLOCO C APT 506	
			Add
		BRASILIA, DISTRITO FEDERAL	
			Remove
		70686-815 BRAZIL	
			Change
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•	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
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occi in and date modified ill fill	the date of filing:  e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to his block does not meet the applicable statutory filing requirements, this date will not be he Department of State's records.	605.020 listed a
record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at $12:01\ a.m.$ on the earecord is filed.	rlier (
APRIL 16th ated	2019	
	M Keekans Kroat 1 larens	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00