## LBOOO 222748

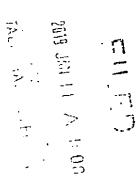
(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Co	rporations		<b>*</b> .	
Truver Dea SUBJECT:			<b>*</b>	
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Lusmila Duval			
		Name of Person		
		Firm/Company		
	4131 Stirling RD, Unit 1	08	· ·	
	Ft. Lauderdale Fl. 33314	Address		
	Luzduval1@gmail.com	City/State and Zip Code		> .
For further information of	E-mail address: (concerning this matter, please ea	to be used for future annual report noti	fication)	. 00
Lusmila Duval	your many promise of	754 246-3783		
Name o	of Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop tadditional copy	Status &

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 Lim	ited Liability Compa (A Florida Limited l	ony as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited I Florida document number L18000222748	Liability Company	were filed on 06/19/201	8	u <del>r</del>	and as	ssigned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" o	r the abbr	eviation "l	L.IC."
Enter new principal offices address, if appli	2101 S. St. RD. 7 (441	)				
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>	West park Fl. 33023				
Enter new mailing address, if applicable:					2213	-1
Mailing address MAY BE A POST OFFICE	E BOX)			•	7	a. 1
	<del></del>					
				-1	$\supset$	
B. If amending the registered agent and registered agent and/or the new registered of	C,		records,	enter tl	he nāme	of the ne
Name of New Registered Agent:	Lusmila Duval	, <del>- , -</del> , - , -		<del></del>		
New Registered Office Address:	2101 S. St. Rd.	7				
-	Enter Florida street address					
	West Park		, Flori	ida <u>3302</u>	!3	
		City			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	Address	Type of Action
MGR	Stefano Versace	3561 SW 195th Ave Miramar, FL. 33029	
			■ Remove
			Change
			□ Remove
			☐ Add
			□ Remove
			☐ Change
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fective date, if other than the date of filing:	(ant	ional)	 <u></u>	
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing o  nete: If the date inserted in this block does not meet the applicable statutory fi  cument's effective date on the Department of State's records.	or more than 90 days after	r filing	.) Pursuan	t to 605,020 be listed a
record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	e time, at 12:01	a.m.	on the	earlier
ted				
	tive of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00