L18000239510

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	
	,	•
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	*)
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COVER LETTER

**	of Corporations	
	NTERNATIONAL LLC	
SUBJECT:	Name of Lin	nited Liability Company
·		
The enclosed Artic	cles of Amendment and fee(s) are sub-	omitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
	Jacqueline Hernandez-Val	ldes, Esq
	Law Office of Jacquelien	Name of Person Hernandez-Valdes, P.a.
		Firn/Company
	2474 Secoffee Terrace	
	Miami, FL 33133	Address
	jrhvesq@bellsouth.net	City/State and Zip Code
	E-mail address:	(to be used for future annual report notification)
For further informa	ation concerning this matter, please o	call:
Jacqueline Hernan		305 860-6015 at ()
}	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
2 \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
]] }	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

(Nome of the Limited Lightlife Commo	and as it now appears on our records \	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000239510	were filed on 10/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company horo	
7. It amending name, enter the new name of the manted hab	anty company nere.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2201 NW 24 Avenue	19
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33142	
		The second second
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.	 .	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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

Title .	<u>Name</u>	<u>Address</u>	Type of Action
GMGR	Reyanid Padron	2201 NW 24 Avenue	
——· —			⊟ Add
		Miami, FI 33142	
			Remove
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date mus	t be specific and cannot be prior ock does not meet the applic	able statutory filing requir	90 days after filing.) Pursuant to 605 ements, this date will not be list	5.020° ed as
ecord specifies a delayed ne 90th day after the rec	I effective date, but no ord is filed.	ot an effective time, a	t 12:01 a.m. on the earli	его
ad Janaury 31	2019	<i>^</i> .		
No. of		5		
	Jac.	orized representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00