## 118000148497

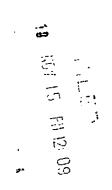
(Requestor's Name)
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PICK-UP WAIT MAIL
(D. Lance Falls Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	en of Corp			
A SUBJECT:	n7o, L.L.C			
SOBJEC 1		Name of Lim	ited Liability Company	<del></del>
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Antonio La Rosa		
			Name of Person	
		Antonio La Rosa		
			Firm/Company	. <del></del>
	1915 Brickell Avenue Suite CC5			
			Address	
		Miami, Fl. 33129		
			City/State and Zip Code	
		an7o@outlook.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further info	rmation cor	ncerning this matter, please ca	all:	
Antonio La Ro	sa		305 3385276 at ()	
	Name of l	Person	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

An7o, L.L.C.		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L18000248497	ompany were filed on October 23, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100
Principal office address MUST BE A STREET ADDR	ESS)	
		(5
		では
Enter new mailing address, if applicable:		- 70
Mailing address MAY BE A POST OFFICE BOX)		
		99
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the I
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Antonio La Rosa	1915 Brickell Avenue Suite CC5, Miami, Fl. 33129	B Add
			☐ Remove
			Change
AMBR	Antonio La Rosa	1915 Brickell Avenue Suite CC5, Miami, Fl. 33129	Add
			Remove
			☐ Change
		<u> </u>	Remove
			Change
			Remove
			Change
		<del></del>	🗆 Add
			Remove
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		17.1	Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
November, 13 2018	
ted	
of 4 /	

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Typed or printed name of signee

Filing Fee: \$25.00