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(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor								
SUBJECT:		SINESS LLC							
SUBIRC.	·	Name of Lim	ited Liability Company						
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please retu	ırn all correspo	ndence concerning this matter	to the following:						
		ALVARO A. ACEVEDO							
			Name of Person						
	BRICKELL LAW GROUP								
			Firm/Company						
		1395 BRICKELL AVE #9	200						
			Address						
		MIAMI, FL 33131							
		AL@LAWYERCPA.COM	City/State and Zip Code						
		E-mail address: (to be used for future annual report noti	fication)					
For further	r information co	oncerning this matter, please ca	all:						
ALVARC	A. ACEVEDO)	305 517-3457						
	Name of	Person		e Telephone Number					
Enclosed i	s a check for th	e 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 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

NAMO BUSINESS LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number L18000260724	were filed on $\frac{11/0}{}$	06/2018	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	19		
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		1933	ro ,		
Enter new mailing address, if applicable:		**************************************	ω ,		
(Mailing address MAY BE A POST OFFICE BOX)		3.			
			. इ 		
			<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the n		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
	Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this ca performance of m	ipacity. I further agree w duties, and I am fam	to comply with to		

If Changing Registered Agent, Signature of New Registered Agent

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 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	DARIO MONTANO	1395 BRICKELL AVENUE, SUTTE 900, MIAMI, FL 33131	= Add
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lf an effectiv <u>Note:</u> If th	re date is listed, the he date inserted	than the date of the date must be spe- in this block do on the Departm	citic and o es not me	cannot be price	cable stati	filing or m itory filin	ore than 90 g requirer	(optio) days after nents, this	filing.) Pursi	uant to 6 ot be li	05.0207 (sted as t
ne record The 90	d specifies a th day after	delayed effective the record is	ctive da filed.	ate, but n	ot an efi	fective t	ime, at	12:01 a	.m. on th	ne ear	lier of:
Dated	Jun	19		201	7////	1	//	,			
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Filing Fee: \$25.00