1/8/2019

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Division of Corporations

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Division of Corporations

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From:

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC

Account Number : I20120000058 : (305)760-2011 Phone : (866)895-8710 Fax Number

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. \*\* 27

Email Address: 601km 76@aol com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OUEEN NINA LLC**

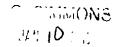
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN NINA LLC			
(Name of the Limited Liability (A Florida	Company as it now appears on our record Limited Liability Company)	म्म् राज्य	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/07/2018	and assigned	
This amendment is submitted to amend the following:		ن ن	
A. If amending name, enter the new name of the limit	ted liability company here:	٠. ب	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address	tered office address on our record	is, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Erner Florida street addre	:u	
	, Florida City Zip Code		
	- •	Zip Code	
New Registered Agent's Signature, If changing Registered	1 Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered as being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my auties, a zeni as provided for in Chapter 605.	F.S. Or, if this document is	
	If Changing Registered Agent, Signature	e of New Registered Agent	

Page 1 of 3

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
AMBR	Daniel Alfredo Compagnucci	16001 Collins Avenue, STE 3006 Sunny Isles Beach, FL 33160	
			□ Remove
			Change
AMBR	Marcelo La Manna	16001 Collins Avenue, STE 3006 Sunny Isles Beach, FL 33160	<b></b>
			Remove
			Change
			A&d
			□ Remove
			Change
			Remove
			Change
			[] Add
			C Remove
			Change
			Change

Page 2 of 3

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Mective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc neument's effective date on the Dep		(opt ate of filing or more than 90 days after e statutory filing requirements, th	ional) or filing.) Pursuant to 605.0207 (i is date will not be listed as th
e record specifies a delayed of The 90th day after the recor	effective date, but not a rd is filed.	n effective time, at 12:01	a.m. on the earlier of:
lated	2019		

Page 3 of 3