

8/9/2021

**L18000263409**H21000299883 3  
Division of CorporationsFlorida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850)617-6383

From:  
Account Name : CONTADORMIAMI.COM INC  
Account Number : 120200000130  
Phone : (954)345-7888  
Fax Number : (786)713-1940

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHIGLA 2018 LLC

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A. LUNT

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIGLA 2018 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/09/2018 and assigned  
Florida document number L18000263409.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2108 NE 123 ST

MIAMI, FL 331681

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2108 NE 123 ST

MIAMI, FL 331681

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ACCOUNTANT &amp; MANAGEMENT, INC.

New Registered Office Address:

1549 123RD ST

*Enter Florida street address*

NORTH MIAMI

Florida 33161

*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

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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	Name	Address	Type of Action
CFO	Titicov Gucovschi, Ilana I	Titicov Gucovschi, Ilana I	<input type="checkbox"/> Add
		204	<input checked="" type="checkbox"/> Remove
		Wellington, FL 33411	<input type="checkbox"/> Change
OTHER	Miller, ARIEH	Titicov Gucovschi, Ilana I	<input type="checkbox"/> Add
		204	<input checked="" type="checkbox"/> Remove
		Wellington, FL 33411	<input type="checkbox"/> Change
AMBR	IONADI, JOSE FRANCISCO	2108 NE 123 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 331681	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARTOLA, GLADYS NOEMI	2108 NE 123 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 331681	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 8TH 2021

Signature of a member or authorized representative of a member

JOSE FRANCISCO IONADI

Typed or printed name of signer