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COVER LETTER

то:		stration Section of Corp		,		
		CONTAND	O MANZANAS, LLC		,	
SUBJE	CT: _	·.		•		
			Name of Limi	ted Liability Company		
The enc	:losed .	Articles of A	mendment and fee(s) are sub	nitted for filing.		
Please r	eturn a	ill correspond	dence concerning this matter	to the following:		
			RODRIGO ALBORNOZ			
				Name of Person		
			CONTANDO MANZANA	AS LLC		
				Firm/Company		
			4764 NW 114TH AVE UN	NIT 202		
				Address		
			DORAL FLORIDA 33178	3		
			contandomanzanas@gmail	City/State and Zip Code .com		
			E-mail address: (t	o be used for future annual repo	ort notification)	
For furt	her int	ormation cor	icerning this matter, please ca	ill:		
<u> </u>	Sl'Y	100 a	1.barros	at(<u>)}6</u> \ <u>\</u>	18480	
		Same of I	Person	Area Code I	Daytime Telephone Number	
Enclose	ed is a e	check for the	following amount:			
□ \$25	i.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified C	of Status &

MAILING ADDRESS:

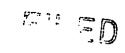
TO:

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

TO ARTICLES OF ORGANIZATION OF



CONTANDO MANZANAS LLC

2019 AUG 19 PM 6:0

(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	rappears on our records.) npany)	
The Articles of Organization for this Limited L Florida document numberL18000271910		on11/26/2018	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited fiability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "L1.C" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		-
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>enter 1</u>	ne name of the n
Name of New Registered Agent:	JESUS COBOS		
New Registered Office Address:	7750 SW 117 AVE SUITI	E 303	
	E	nter Florida street address	-
	MIAMI	, Florida	83
	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

er removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	KELLY HERNANDEZ	4764 NW 114TH UNIT 202	
			B Add
		DORAL FLORIDA 33178	
			☐ Remove
			Change
			□ Remove
			
			Change
			Remove
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Province duty is athematical than	08/16/201		(antional)	
Effective date, if other than the (If an effective date is listed, the date mus	t be specific and cannot be price	r to date of filing or more tha	(optional) an 90 days after filing.) Pursu	ant to 605.0207 (3)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the appli	cable statutory filing requ	irements, this date will no	ot be listed as the
document s effective date on the 1.20	epartment of State's records	.		
		- k - a - 66 a - ki ki a	at 12:01 a as as the	
the record specifies a delayed) The 90th day after the reco		ot an effective time,	at 12:01 a.m. on th	e earlier or:
08 OF AUGUST	2018			
Dated	/j ` ——	· ·		
11///				
——————————————————————————————————————	Signature of a member or aut	norized representative of a n	nember	
RODRIGO ALBORNO)7			
	Typed or prin	ted name of signee		

Page 3 of 3

Filing Fee: \$25.00