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R. WHITE

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COVER LETTER

EL CORAZ	ZON DE MEXICO, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MD SHAR FARAJ		
		Name of Person	<u></u> -
		Firm/Company	
	10115 NORTH SILVER P	ALM	
	ESTERO FLORIDA 3392	Address 8	
	RAJFLORIDA2013@YAH	City/State and Zip Code OO.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	nll:	
MD SHAR FARAJ		239 269-3283 at () Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section Division of Corporations

> 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

FILED

EL CORAZON DE MEXICO LLC

2019 HAR -1 PH 5: 14

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o i Limited Liability Company)	URLI ALLIC SEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{12/03/20}{}$	and assigned
Florida document number L18000278445	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida str	
	Citr	Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered againg filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	ignature 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	MD SHAR FARAJ	10115 NORTH SILVER PALM	_
	·	ESTERO, FLORIDA 33928	■ Add
		55 EKO, 1 BOKIDA 53724	☐ Remove
			☐ Change
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the app	licable statutory filing r	(optional) than 90 days after filing.) Pursuant to 60 equirements, this date will not be lis	05,0207 (sted as t
ne record specifies a delayed The 90th day after the reco		not an effective tim	ne, at 12:01 a.m. on the earl	ier of:
Dated FEBRUARY 26	2019			
Datcu	 ·	 '		
	5			
	Signature of a member or au	thorized representative of	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00