

L18000279329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

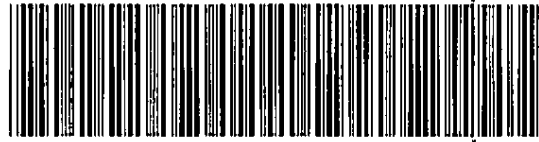
(Business Entity Name)

(Document Number)

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01/25/19-01021-022 **29.00

SECRETARY OF STATE
FALL ASSESSMENT 01/25/19

2019 JAN 25 AM 9:25

JAN 31 2019

NELSON SLOSBERGAS, P.A.

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E-MAIL ADDRESS nelson@miami-intl-law.com
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NELSON SLOSBERGAS
ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030
FAX (305) 374-2855

January 23, 2019

VIA FEDEX

Secretary of State
Registration Section/Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

2019 JAN-25 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

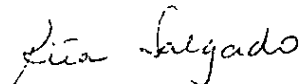
RE: MONIQUETZ INTERNATIONAL LLC

Dear Sir or Madam:

Please find attached the Articles of Amendment to Articles of Organization of MONIQUETZ INTERNATIONAL LLC, and check for the filing fee for the amount of \$25.00.

Thank you for your attention to this matter.

Very truly yours,



Rita Salgado
Corporate Legal Secretary
[e-mail: rita@miami-intl-law.com]

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MONIQUETZ INTERNATIONAL 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 December 5, 2018 and assigned Florida document number L18000279329.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____ Florida _____

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

2018-JAN-25 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	Monica Vigil Fuenzalida		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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