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Account Number : 12004000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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OCT 2 2 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		2019 OCT 21 P 3/43
APAMATE, LLC	n annual of our Peco	edt la ma la divenue de la ma cu
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor		
he Articles of Organization for this Limited Liability Company were filed	d on 12/24/2019	and assigned
t 100000W33		
orida document number L1900000032		
nis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
1 Principus Offices same von		
and the although the		
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 here:	iress on our reco	ords, enter the name of the
TO MILET CO. MILET		
Name of New Registered Agent:		
New Registered Office Address:	<u>. </u>	
New Registered Vittle 1888 477	Enter Florida street ad	ldress
		, Florida
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to ac	et in this capacity	I further agree to comply with
c v I - i I - i I - i I - i I - I	MUMBE OF MY WHILE	5, 1,,,,
provisions of all statutes relative to the proper and complete perjoin	d for in Chanter 6	505, F.S. Or, if this document

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
AMBR	ELIANA ESCARRA	836 WATERVIEW DRIVE	5 4 11
		WESTON, FL 33326	Add
		WESTON, FL 33320	■ Remove
			Change
AMBR	RAFAEL ESCARRA	836 WATERVIEW DRIVE	☐ Add
		WESTON, FL 33326	U Add
			☐ Change
MGR	MARIA VERONICA ESCARRA	836 WATERVIEW DRIVE	□ Adđ
		WESTON, FL 33326	
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
mending	any other information, enter change(s) here. (Anach additional sheets, i) necessary-y
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مستعددة	ite, if other than the date of filing: (optional)
n effective i	ite, if other than the date of filing: Just is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ate If the	date inserted in this block does not meet the applicable statistically fitting requirements, this date with not be inserted.
ocument's	effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
The 90th	day after the record is filed.
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-	Signature of a niember of authorized representative of a member
F	ticardo Bajandas, Authorized Representative
_	Typed or printed name of signee

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