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COVER LETTER

TO: Registration Se Division of Corp					
suвјест: <u>Са</u>	ner Manage Name of Jim	Ment LLC ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Jolymiler Diaz			
	<u>Ca</u>	ner Managemi Firm/Company	ent LLC		
	30	037 NW 23 C+	· <u>·</u>	2019 HAR - 4 SECRETARY FALLARASSE	ΑP
	Mì	City/State and Zip Code		TAKE	PROVED AND FILED
	E-mail address: @	miler diaz Dany	nail. LOW	PH 2: 25 OF STATE ST. FI GATE	
For further information co	oncerning this matter, please ca	alt:		ंच अ	
Yülymile Name of	r Diaz	at (786) 277- Area Code Daytin	e Telephone Number	<u>-</u>	
Enclosed is a check for th	e following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cauer Ma	MAGEN	ient LLC			
(Name of the Limited L (A)	<u>iability Compa</u> Florida Limit e d	iny as it now appears of Liability Company)	a our records.)		
		were filed on	124/19	and assigned	
Florida document number <u>L 1900001</u>	remaining name, enter the new name of the limited Hability Company here: The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC" or the abbreviation "				
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liah	pility company here	:		
NIA				13	
The new name must be distinguishable and contain the word	s "Limited Linbi	ility Company," the desig	nation "LLC" or the ab	breviation "L.C."	Z,
Enter new principal offices address, if applicabl	e:	NIA			200
(Principal office address MUST BE A STREET A	(DDRESS)			المستريد المراث المستريد	No A
				700	_
				2	
Enter new mailing address, if applicable:		NIA		海県 の	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>				
			ur records, <u>enter</u>	the name of the ne	<u>:w</u>
registered agent and/or the new registered office	e address her	<u>re</u> :			
Name of New Registered Agent:	NIA				
N. B. C. LOW ALL	A/1 A				
New Registered Office Address:	/ 1 / 1	Enter Florida	street address		
	,	Micean	Florida	33/4)	
-		City	, FIOCIDA	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

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 = Au	thorized Member		
Title	Name	Address	Type of Action
AMBR	Juan Guerrero	141 NW 24 Ave. Mic	imi) FL MAdd
			CRemove
			Change
	<u> </u>		□ Add
			Remove 201
			APPROVATION APPROV
			THE CARRIEVO
			☐ Change
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			☐ Change
			☐ Remove
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			3312.5 VW 24 Ave Miamin

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(If an effective date i Note: If the date	f other than the date of s listed, the date must be spec- inserted in this block does tive date on the Departme	cific and cannot be prious not meet the applic	cable statutory filing	(optiona e than 90 days after filir requirements, this day	ig.) Pursuant to 605.020	7 (3 s th
the record spec) The 90th da	cifies a delayed effect y after the record is	tive date, but no filed.	ot an effective tir	ne, at 12:01 a.m	. on the earlier o	f:
Dated Fek	ruary 27	2019	·			
X Com	miller	re of a member or aut	orized representative of	a member		
//						

Page 3 of 3

Filing Fee: \$25.00