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To:

Division of Corporations

Fax Number : (850) 617-6383 1

From:

Account Name : PROFESSIONAL SERVICES

Account Number: I20040000024 Phone : (786) 303-5010

Fax Number : (305)403-1061

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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P.002/005

TO

4190000334633

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it r (A Florida Limited Liability (ow appears on our records.)
(A Florida Limited Liability (Company)
The Articles of Organization for this Limited Liability Company were fi	led on 1/18/2019 and assigned
lorida document number L19000020993	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	高 日 日
nter new mailing address, if applicable:	三 三 三
Mailing address MAY BE A POST OFFICE BOX)	O. C.
	DE 0
-	
. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the
egistered agent and/or the new registered office address here:	
•	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
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

01/28/2019 20:24 PROFESSIONAL SERVICES, LLC (FAX)305 403 1061 P.003/005 It amending Authorized 1 eraon(s) authorized to manage, enter the diffe, hame, and address of each person penns andeo or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUANA ARIAS	3128 CORAL WAY MIAMI, FLA	□ Add
			■ Remove
			☐ Change
			Remove .
		<u></u>	Remove Charles
			MAdd
			□ Remove
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			Add
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1/28/2019 20:24 PROFESSIONAL SERVICES, LLC	(FAX)305 403 1061	P.004/
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Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state	i niing or more man 90 days aner diing.) Fiirsuani to o	05.0207 i sted as i
document's effective date on the Department of State's records.	mory ming requiements, and care with not con	5,00 43
ne record specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the ear	lier of
The 90th day after the record is filed.		
Dated JAN. 28 2019		
Dated		
then		
Signature of a member or authorized rep	resentative of a member	
ALFREDO ARIAS MGR and Sole member-shareholder		
Typed or printed name of	if signee	

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