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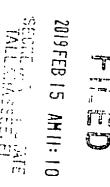
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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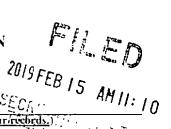
TO:	Registration Se Division of Cor					
SUBJE		ANA LLC				
SUBJE	CI:	Name of Lin	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		CAMILO A ESPINOSA				
			Name of Person			
		LOIGICA, PA				
			Firm/Company			
		1111 BRICKELL AVE ST	JITE 175			
		Address				
		MIAMI, FLORIDA 3313				
		INFO@LOIGICA.COM	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For furt	her information c	oncerning this matter, please c	all:			
CAMIL	O A ESPINOSA		305 7261537			
	Name o	of Person		e Telephone Number		
Enclose	d 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)		
	Registr	ING ADDRESS:	STREET/COURI Registration Section	on		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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



VEZMELIANA LLC

(Name of the Limited Liability Company as it now appears on our records.)

		TOTAL SEE FITE
The Articles of Organization for this Limited L Florida document number $\frac{L19000025839}{L19000025839}$		and assigned
This amendment is submitted to amend the foll		
A. If amending name, <u>enter the new name o</u>	_	
The new name must be distinguishable and contain the v	words "Limited Liability Company." the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
	·	
	·	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	/or registered office address on our rec	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	/or registered office address on our rec	ords, enter the name of the
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered o	/or registered office address on our rec	ords, enter the name of the
	/or registered office address on our rec ffice address here:	ords, enter the name of the

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 = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PABLO M MUNOZ	1111 BRICKELL AVE SUITE 175, MIAMI FL 33131	
			■ Remove
			Change
MGR PABLO MUNOZ MARTIN	PABLO MUNOZ MARTIN	1111 BRICKELL AVE SUITE 175, MIAMI FL 33131	■ Add
			Remove
			Change
	-		
			☐ Remove
			□ Change
		 	□ Remove
			Change
		D Add	
		□ Remove	
		☐ Change	
			🗆 Add
			Remove
			□ Change

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•	-
f an ef <u>Note:</u>	tive date, if other than the date of filing: [Coptional] Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Jated	FEBRUARY 13 2019
	- COUNTINE
	Signature of a thember of adihorized representative of a member

Page 3 of 3

Filing Fee: \$25.00