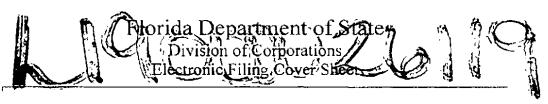
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.

Account Number : I20100000044 : (954)252-0589 Phone : (954)320-4555 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALBATA, LLC

Certificate of Status	0
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4/23/2019

2019-04-23 4:00 PM (EDT) To: +1 850-617-6383 From: +1 954-252-0589 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBATA, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L19000026119	were filed on January 31, 2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a		
Enter new principal offices address, if applicable:		2019	
(Principal office address MUST BE A STREET ADDRESS)		7 A	
		2 百28	
Enter new mailing address, if applicable:		THE SE	
(Mailing address MAY BE A POST OFFICE BOX)		2: 1	
		· · · · · ·	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the nev	
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agents	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and e, if this document is	
If Cha	nging Registered Agent, Signature of New I	Registered Agent	

Page 1 of 3

2019-04-23 4:00 PM (EDT) To: +1 850-617-6383 From: +1 954-252-0589 Page:

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>	Address	Type of Action
MGR	EDWARDO COLLAZO	9726 SW 147 Court	
		Miami, FL 33196	■ Remove
			Change
MGR	EDUARDO COLLAZO	9726 SW 147 Court	- Add
		Miami, FL 33196	Promove 3
			23 Pange 23
			LI XAAA
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			⊡ Add
			C Remove
			Change

II ame	ending any other information	s, ruter change(s) beie. (An	ach additional meets, y necessa	
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lian eft Note.	ive date, if other than the dat fective date is listed, the date must be If the date inserted in this block tent's effective date on the Depar	specific and examot be prior to date of does not meet the applicable sta	of filing or more than 90 days after filing trutory filing requirements, this date	g.) Pursuant to 605.0207 (3)(b)
ne red	•	fective date, but not an e	effective time, at 12:01 a.m.	on the earlier of:
	April 11	2019	•	
Deted		*	Anto!	
	Sign	nature of a member or authorized re	presentative Al a member	
			/ }	

Page 3 of 3

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