# 19000027497

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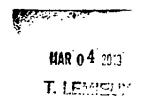
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### **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Ha Ti yos Name of Lim	LL C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ren	e Moreno Name of Person	
	Na	Tiyos UC Firm/Company	<del></del>
	505	South fine 15	land Dd 5k 209
٠.	Planta	Address	
	Ree Mo E-mail address: (	City/State and Zip Code  Oreno Cho Trucil. ( to be used for future annual report notifi	
For further information of	oncerning this matter, please ca	all:	
Rene_c	Moreno of Person	at ( <u>974</u> ) <u>629</u> Area Code Daytime	e Telephone Number
Enclosed 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)

#### 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 "

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	1747 - 17
NaTivos (	Company of it now appears on 2011 ESS 25 P 19 58
(A Florida	y Company as it now appears on our records.
The Articles of Organization for this Limited Liability Co.  Florida document number 1900027	SECRE LARY OF STATE OF
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_ ·
(Principal office address MUST BE A STREET ADDR	ESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist	tered office address on our records, enter the name of the new
registered agent and/or the new registered office addi	
Name of New Registered Agent:	e Moneuro
New Registered Office Address:	505 South Vine 16 land 12d, Sell 209
1	actation, Florida 33324
New Registered Agent's Signature, if changing Registered	City Zip Code '  I 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

11 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
M612	Diego Peyes Sr	Plontotion, A. 33324	🗆 Add
	V	Plantotion, A. 33324	
			Change
MOR	Charles Christen So	505 S. Vim 18 land Red	<b>,</b> □ Add
		9 Sos S. Pin 18 land Rd Plantation, Pl 33324	Remove
		$\frac{1}{2} = \frac{1}{2} \frac{\text{lite}}{dt}$	□ Change
		<del> </del>	Remove
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be	The reco	able for	No.Tivos	UC is	Rene Morein
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an effective date is ote: If the date	inserted in this bloc	e specific and cannot b	applicable statutory fi	r more than 90 days aft	t <b>ional)</b> er filing.) Pursuant to 605.020 iis date will not be listed a
	ifies a delayed of after the recor		ut not an effective	e time, at 12:01	a.m. on the earlier o
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Page 3 of 3

Filing Fee: \$25.00