## L19000050847

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

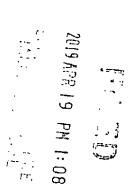




300327959543

04/19/19--01011--023 \*\*25.00

R. WHITE APR 2.7 200



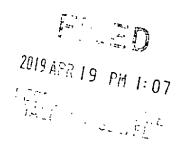
## COVER LETTER

10:	Registration 8 Division of Co			
SUBJI			nied Foliality Company	
The enclosed Articles of Amendment and feets) are submitted for filling  Please return all correspondence concerning this matter to the following:    Sandra goine				
Please	etuin all correspo	ondence concerning this matter	to the following:	
		Cles of Amendment and feets) are submitted for filing onespondence concerning this matter to the following:  Sandra gome?  Rame of Person  A&G ACCOENTING AND FINANCIAL SERVICES LLC  FirmeCompany  1200 ANASTASIA AV SHITE 412  Address  CORAL GABLEN FL 33134  CityNate and Zip Code  33134  E-mail address to be used for future annual report notification) atton concerning this matter, please call:  ZZ  386  Sanc of Person  Area Code  Dayting Felephone Number  k for the following amount:  Fee  \$\Bigs \$30.00 \text{Filing Fee & Certified Copy fashional copy is enclosed.}  NALILING ADDRESS:  Legistration Section Division of Copporations  NTREET/COURIER ADDRESS:  Legistration Section Division of Copporations  NTREET/COURIER ADDRESS:		
		A&G ACCOUNTING AN	ID FINANCIAL SERVICES LLC	
			FirmCompany	
			Address 34	
		33134	City/State and Zip Code	
For f <b>ur</b> t	her information c			
SANDI				
	Name o	f Person	Area Code Daytini	e Tetephone Number
linclose	d is a check for th	ie following amount:		
<b>≘</b> \$25	00 Fifing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr	ation Section n of Corporations	Registration Section	ทา

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

52.700m CFC.			
(Name of the Li	mited Liability Compa (A Flooda Lumied L	ny as il now appears on our re- ability Company)	rords.)
The Articles of Organization for this Limited Florida document number 119000050847	l Liability Company	were filed on 02/20/2019	and assigned
This amendment is submitted to amend the f			•
A. If amending name, enter the new name	of the limited liabi	lity company bere:	
The new name must be distinguishable and contain th	e words "Limited Liabili	ity Company," the designation "	LCT or the abbreviation TL E CT
Enter new principal offices address, if app	licable:		
Principal office address MUST BE A STR	EET ADDRESSI		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFIC	F ROY		
2 5 03. 0171	<u>r. 60.0</u>		
B. If amending the registered agent an	nd/or registered off	ice address on our reco	rds enter the name of the new
egistered agent and/or the new registered	office address here		The same of the field
Name of New Registered Agent:	FABIO BARRI	OS DE MATA	
New Registered Office Address:	3785 nw 82 nd	avenue	
	-	Enter Florida street	address
	MIAMI		, Florida 33166
		City	žio 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	FABIO BARROS DE MATA	3785 NW 82ND AVENUE SUITE 212 MIAMI FL 33166	<b>□</b> Add
			□ Remove
			☐ Change
			O Add
			□ Remove
			Change
	·		
			Remove
		···	☐ Change
		<del></del>	
			☐ Remove
			☐ Change
			🖸 Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change

	<del> </del>					
	<del></del>	<del></del>	<del>- "</del>			<del></del>
			<del></del>			<del></del>
		·		····		
				<del></del>		
· · · · · · · · · · · · · · · · · · ·				<del></del>		
			· <del> </del>			
						<del></del>
	· · · · · · · · · · · · · · · · · · ·					
<del></del>	<del></del>				<del></del>	
			*			
				<del></del>	<del></del>	<del></del>
		<del></del>	<del></del>	<del></del> _		<del></del>
				<del></del>	·	
		04/01/2019				
fective date, if other than the metfective date is listed, the date m			to date of filing (		( <b>optional)</b> Safter filme ) Poss	uunt to 605 D
ote: If the date inserted in this to cument's effective date on the	dock does not n	neet the applica	able statutory f	ling requiremen	s, this date will r	not be listed
editelli s effective date vii aje	zeparanem or o	anc a records.				
record specifies a delaye The 90th day after the re		late, but no	t an effectiv	e time, at 12	01 <b>a</b> .m. on th	ne earlier
ted APRIL 12		2019				
			<u> </u>			
		1 -	$\rightarrow$	^ \	- <del></del>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00