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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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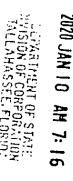
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FILED

COVER LETTER

	ision of Cor					
ann mer		11525 LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	i all correspo	ondence concerning this matter	to the following:			
		RAQUEL P CUETO				
			Name of Person			
		MANTUA 11525 LLC				
			Firm/Company			
		11885 SW 189TH ST				
			Address			
	MIAMI, FL 33177					
City/State and Zip Code						
		praxy00@gmail.com				
Dan Carda and	- °		to be used for future an	nual report notifi	ecation)	
		oncerning this matter, please c				
RAQUEL F	CUETO		914 at (Area Code	473-9186 		
	Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is:	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy	y.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres			et Address:		
Registration Section Division of Corporations			_	Registration Section Division of Corporations		
	D. Box 632	•	The	Centre of Ta	allahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANTUA 11525 LLC

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

The Articles of Organization for this Limited Liability Comp	oany were filed on 03/07/2019	TO STATE OF THE ST	
Florida document number L19000065267		, , , , , , , , , , , , , , , , , , , 	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	12930 SW 191ST ST		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33177		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, enter	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addres.	S	
		orida 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA I AMODOR	11885 SW 189TH ST	
		MIAMI, FL 33177	■Remove
			[]Change
			□Add
			□Remove
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			□Add
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Frective date, if other than the date of filing: are effective 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 or if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member RAQUEL P CUETO		
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		PAGUEL POLICE

Filing Fee: \$25.00