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(R	Requestor's Name)	
(A	ddress)	
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(C	city/State/Zip/Phone	= #)
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	FALAS DEPOT 5 L Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARCARETA	Name of Person	
	FAIAS DE	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7268 SW 8	Address	
	MIAME	FL 33144 City/State and Zip Code	
	MAGARITA D E-mail address.	FALAS DE POT. (DM to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
HARGAOT Name	ta Yeunrez	at (] 3() - 02 Area Code Daytim	o 2 2 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine Addr	ress:	Street Address:	

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FALAN DEPOT 5.	LLC
(Name of the Limited Liability Co (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing document number 11800 00743410.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 32
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: MARC	DARTTA NEVATZEZ
New Registered Office Address: 3105	Enter Florida street address
<u> </u>	City City Specific City Code
New Registered Agent's Signature, if changing Registered Age	nt:

Thereby 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.

Page 1 of 3

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
MUR MARGARETA NEVAREZ	MARGARETA NEVAREZ	BIOS NW 110th tEA, MEANT	WAdd
			□Remove
			□Change
MIDIZ LACQUELTNE CONCEPCT	LACQUELTNE CONCEPCTOR)	□Add
		110734 NW 82PL, MITOMILALES, FL3	2016 Incmove
		·	□Change
MUR JESTICA ECHEMONDIA	Jessica Echemendia		Dadd
	8105 no royth to Arani Lallo	Litemove.	
			Change
			□ Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change

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iii anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing: D3 18 2019 (optional) ctive 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 (3)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member of authorized representative of a member
	MARGAITTA NEVARET Typed or printed name of signee

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Filing Fee: \$25.00