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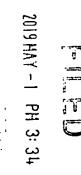
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C. GOLDEN MAY 1 3 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAQUEL MOUZZA LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia G ANAREZ
CYNTHIA G AIVAREZ Name of Person RAQUEL MOUZZA LLC Film/Company
11800 SW 18 STREET Apt 424
Miami FL 33175 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthic Aluarez at (786) 812 1103 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$ Certificate of Status \$\Bigcup \$\text{Certified Copy}\$ (additional copy is enclosed) 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

FILED

2019 MAY - 1 PM 3: 34

	ty Company as it now appears on our records.)	- 3 [A]
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.)	EL, FL
The Articles of Organization for this Limited Liability C	Company were filed on 3 18 19 and assigned 123	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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	RESS)	
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of th</u> <u>dress here</u> :	<u>ie new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	
provisions of all statutes relative to the proper and caccent the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply we complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605. F.S. Or, if this document and office address, I hereby confirm that the limited liability	d
	Changing Registered Agent, Signature of New Registered Agent	

Page 1 of 3

lf amen or remo	ding Authorized Person(s) authorized to ma <u>ved from our records</u> :	anage, enter the title, name, and address of each	person being added
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
HMBR	RAQUEL MOUZZA	1800 SW 18 STREET	Add
		APTURY Miami, FL	□ Remove
		33175	Change
	<u> </u>		
			Remove
			Change
			Add
			Remove
			Change
_	-		□ Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
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			Remove
			□ Change

lf amer	nding any other information, enter change(s) b	ere: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be partitionally the date inserted in this block does not meet the appent's effective date on the Department of State's reco	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2) plicable statutory filing requirements, this date will not be listed as the
	ord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated _	April 22.20	
	Signature of a member or a A QUEL MOU	anthorized representative of a member 2.2.G Spinted name of signee
	Typed of [

Page 3 of 3

Filing Fee: \$25.00