# L19000083022

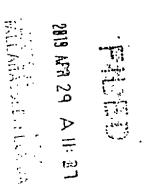
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: _		Zurita & Pra- Name of Limi	tinir Properties I	lle_
The enclosed a	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspond	ence concerning this matter t	to the following:	
		Luciana Z	Curita E Renuto Pra	4mir
		Zurita É	Pratinir Properti	estle
		5300 NW 5	55th Blud. Suite	105
		Coronut C	reek FL 3307 City/State and Zip Code	3
			o be used for future annual report notifica	
For further info	ormation cond	cerning this matter, please ca	ill:	
Luciar	Name of Po	erson	at ( <u>954</u> ) <u>825 – 3</u> Area Code Daytime To	8438 elephone Number
Enclosed is a c	theck for the f	following amount:		
<b>S</b> \$25.00 File	ing 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, Ft. 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Zurita &	Pratinir Properties, LLO 11-51
(Name of the Limited L	iability Company as it nowappears on our records.) louda Limited Liability Company)
(///	20日 八門 29 △ 11: 35
The Articles of Organization for this Limited Liabit	
Florida document number <u>L 19000 \$30</u>	22. MILANASCIE PLANT
This amendment is submitted to amend the following	គេ:
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 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 A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regi	istered 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>	Address	Type of Action
MGR	Luciana Zurita	5300 NW 55th Bludschel05 Coccout Civer, FL 33013	C Add
		Ceccino i en a posta i o	Remove
			Change
AMBR	Renato Pratinis De Dravjo		
			☐ Remove
		5300 NW SSM Blud soite 105 Coconut Creek, FL 330	☑ Change
	- Coccyton Crecity C 55	🗆 Add	
			Remove
			Change
			Remove
		🗆 Change	
		Add	
		□ Remove	
			Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Hello,
The purpose of this amendment is to designate
Luciana Zurita as the Manager of LLC and to
Change Mr. Renato Pratinir De Braujo as AMBR
Duthorized Member. Thank you.
<del></del>
<del></del>
E. Effective date, if other than the date of filing:
If the 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 record is filed.
Dated April 25th . 2019 .
Signature of a member or authorized representative of a member
RENATO PRIFINIR DE ARACITO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00