## 119000083584

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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R. WHITE

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## **COVER LETTER**

	Registration Se Division of Cor			
CHDIC		O INVESTMENTS LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	<del></del>
		TABADESA ASSOCIAT	ES	
			Firm/Company	
		419 W 49 ST, STE 111		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	<del></del>
		TAMMYP@TABADESA.	COM to be used for future annual report notific	ation)
For furth	er information co	oncerning this matter, please ca	·	
ТНАМА	RA PEREZ		at ()	
	Name of	Person	Area Code Daytime T	l'elephone Number
Enclosed	is a check for th	e following amount:		
<b>\$</b> 25.0	00 Filing 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, FL 32314

TO:

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

2019;"" 18 AH 10: 28

## SAN JULIO INVESTMENTS 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 C	ompany were filed o	n <u>03/26/2</u> 019	and assigned
Florida document number L19000083584			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability compa	ny here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company."	the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
The state of the s	_		
B. If amending the registered agent and/or regist	tered office addres	s on our records, en	ter the name of the new
registered agent and/or the new registered office addr		· <del>-</del>	
Name of New Registered Agent:			
New Registered Office Address:		r Florida street address	
	(7)	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered			zīp Coae
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performanc gent as provided for	re of my duties, and Lo in Chapter 605, F.S.	ım familiar with and Or, if this document is
	If Changing Register	ed Agent, <u>Signature of Ne</u> v	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	ROBERTO F ANANIAS	7720 BYRON AVE #4	□ Add
		MIAMI BEACH, FL 33141	= Remove
			Change
MGR LUCIA ANANIAS	LUCIA ANANIAS	7720 BYRON AVE #4	□ Add
		MIAMI BEACH, FL 33141	■ Remove
	Inmobiliaria E Inversiones Pompeya S.A.		Change
MGR	Pompeya S.A.	7720 BYRON AVE #4	
	'	MIAMI BEACH, FL 33141	□ Remove
			Change
		<del> </del>	☐ Remove
			Change
	<del></del>	Add	
		Remove	
		Change	
	<del></del>	□ Add	
			□ Remove
			Change

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	- · · · · · · · · · · · · · · · · · · ·
	<del></del>
(If an ef <u>Note:</u>	tive date, if other than the date of filing:  [Coptional]  [Coptional]
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	11/6/19
	Roberto (Signature of a member or authorized representative of a member  ROBERTO ANANIAS
	ROBERTO ANANIAS

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Typed or printed name of signee

Filing Fee: \$25.00