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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.5,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

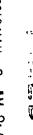
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2019 HAY -8 AM 8: 01



C. GOLDEN MAY 1 0 2019

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	PRIETOCA	LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		CARLOS MONTES DE O	СЛ	
			Name of Person	
•				
			Firm Company	
		175 SW 7 ST SUFFE 2110		
			Address	
		MIAMI FL 33130		
		LORELVY@477REALTY.	City/State and Zip Code COM	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further i	ntormation c	oncerning this matter, please co	ıll:	
CARLOS M	IONTES DE	OCA	305 629-8191	
Name of Person			at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 F	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:

TO:

Registration Section

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



April 27, 2019

CARLOS MONTES DE OCA 175 SW 7 STREET SUITE 2110 MIAMI, FL 33130

SUBJECT: PRIETOCA LLC Ref. Number: L19000086373

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 219A00008480

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PRIETOCA LLC

company has been notified in writing of this change.

2019 MAY -8 AM 8: 01

(Name of the Limi	(A Florida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited L Florida document number L19000086373	iability Company were filed on MA	RCH 28, 2019 and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company he	<u>v</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company." the de-	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on office address here:	our records, enter the name of the I		
Name of New Registered Agent:	CARLOS MONTES DE OCA			
New Registered Office Address:	175 SW 7 ST SUITE 2110			
- Tegy television of the second	Enter Florida street address			
	MIAMI	Florida 33130 Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro	ed agent and agree to act in this open and complete performance of	capacity. I further agree to comply with my duties, and I am familiar with and		

If Changing Registered Agent Monature of New Registered Agent

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

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	CARLOS MONTES DE OCA	175 SW 7 ST SUITE 2110 MIAMI FL 33130	
			☐ Remove
			Add
			Remove
			☐ Remove
			☐ Change
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f an eif <mark>Note:</mark>	ive date, if o fective date is li- If the date instent's effective	ited, the date recreted in this	nust be specific block does n	and cannot be on meet the	applicable sta	f filing or more the	(optio an 90 days after uirements, this	nal) iling.) Pursuant to 6 date will not be l	505.0207 (isted as t
e rec The	cord specifi 90th day a	es a delay Ifter the re	ed effectiv ecord is file	e date, bi ed.	ut not an e	fective time	, at 12:01 a	m. on the ear	rlier of:
ated _:	APRIL 15			2019	<u></u>				
				$\mathcal{A}U_{l,i}$	YAD				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00