# 1190000094125

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	ASSET Name of Limi	6 (OUP LLC ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Mari	Name of Person	
		pet frap LL	<u> </u>
		andry Club dr H	
,	Aventura  Marine  E-mail address: (1)	City/State and Zip Code  3930 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ication)
For further information co	oncerning this matter, please ca		
Mar. Los Name of	TPerson	at ( <u>786</u> ) 312 Area Code Daytime	- 8816 e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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

#### 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

	roup LLC.	
( <u>Name of the Limited Liability C.</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	 50 <b>d</b>
The Articles of Organization for this Limited Liability Complete Florida document number $\frac{1900094129}{1100009000090000000000000000000000000$		V-8 AM
A. If amending name, enter the new name of the limited	<u>liability company here</u> :	7: 45 [A]L ORIDA
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:		<del></del>
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Florida _	
-	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGB	DANIEL Lorra	20301 W Country club dr. # 1530	
		Aventura fl 33180	Remove
			🗆 Change
MGR	Natalia, Marin	20301 W COUNTY CTUROS	
		20301 W Country Clubde # 1530 Aventura, fl 33160	Remove
			/ □ Change
			🗆 Add
			🗆 Remove
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		<u></u>	Change
			□ Add
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Natalia	Marin		
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ective date, if other than the conflective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to date of fil ck does not meet the applicable statuto	ing or more than 90 days after filing.	) Pursuant to 605, will not be liste
record specifies a delayed	effective date, but not an effected rd is filed.		on the earlie
he 90th day after the reco			
he 90th day after the reco	2019. WW	Pu.	

Page 3 of 3

Filing Fee: \$25.00