L19000095326

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Amend

JUN 17 2019

I ALITATION

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ARA	MAWACELLI	ENT LLC.	
	Name of Lam	neu Danniy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- 100 B	ODDÍGUEZ:	
		Name of Person	
	า	Firm/Company	
	1910 WES	SE 56 ST APE	3120
	, ,	Address	
	HINLENH	/	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
1.DA A	POPRIGUEZ	at (305) 989 Area Code Daytimo	8406
Name o	Person	Area Code Daytimo	Telephone Number
Enclosed is a check for the	e 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 (2 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

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1

LIRMY MANAGEME	INT LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our i Liability Company)	records.}
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 0000 95 326</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ilire Company " the decimentian	"I I (" or the abbraviation " I (' "
	my company. The designation	The of the annevation there.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable:		.,
(Mailing address MAY BE A POST OFFICE BOX)		
	·	2.1
B. If amending the registered agent and/or registered of	office address on our re	cords, enter the name of the new
registered agent and/or the new registered office address her	<u>re</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 Registered Agent:

Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR	RIDOLPO MONTEDEUS	0_1910 W5635 H/WKEMH 123	- <i>330[8</i>] Add
			Remove
			Change
<u>HBR</u>	ADOLFO MONTESEUR	1910 W56 ST APT 312 Highery Fr 33012	Add
		HiALENH TE 33012	□ Remove
			□ Change
			🗆 Add
			Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
			Remove
			☐ Change

Note	effective date, if other than the date of filing:
	ecord 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.
Date	Will thought 1-7.
	Signature of a member or authorized representative of a member
	ANA ROBAIGUE ? Typed or printed name of signee

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Filing Fee: \$25.00