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2019 APR 30 AH II: 16

APPROVED AND FILED

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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations				
	DAS PEDRAS LLC				
SUBJECT:	Name of Limi	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		IMAD T. IBRAHIM			
	Name of Person				
	М	JNDO DAS PEDRAS LLC	<del>.</del> 53 es	201	
Firm/Company			19 AF		
3630 PINE OAK CIR APT 106		55 P. 1	2019 APR 30	FEA	
		Address			
	FORT MYERS FL, 33916		프 <i>상</i> ***	WHII:	
		City/State and Zip Code	<u> </u>	6	
	E-mail address: (	to be used for future annual report notific	cation)		
For further information	concerning this matter, please ca	all:			
IMAD T IBRAHIM		239 248 5380 at ( )			
Name	of Person		Telephone Number		
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is ea	atus &	
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MUNDO DAS PEDRAS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000095874	were filed on	04/08/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company hero	ş:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3946 CLEVELAND AVE UNIT A		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS F	L, 33907	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		our records, enter.	APPROVED RECEIVED APR 30 APRILED of the name 6
	Enter Florid	a street address	_
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		гар Соли
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and Lam J apter 605, F.S. Or,	familiar with and if this document is
If Cha	noing Registered Ages	at Signature of New Re	gistered 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
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			□ Change
			□ Remove
			Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote:  If the date inserted in this block does not meet the applicable statutory filing requirecument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the e	arlier o
signature of a mention authorized representative of a me	mber	

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Filing Fee: \$25.00