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(Ř€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
		VING LLC		
SUBJ	ЕСТ:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		URSULA M. APAESTEG	เบเ	
			Name of Person	
		P.O. BOX 414064	Firm/Company	
		MIAMI BEACH, FL 3314	Address 11	
		UAPAESTEGUI@GMAIL	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please c	all:	
URSU	JLA M. APAESTE	GUI	305 610 5720 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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

TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our	records.)	
Florida Limited Liability Company)	8- 規則 日野	P 3:35
Uty Company were filed on 04/12/2019		and assigned
nty Company were med on	** * * * * * * * * * * * * * * * * * * *	and assigned
. .	DALLERY SOL	2
ng:		
e limited liability company here:		
s "Limited Liability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
e:		
ADDRESS)		
		
		
<i>X</i>)		
		<u>-</u>
	.	· · ·
registered office address on our re	wanda antar tha	nome of the
Q	corus, <u>enter the</u>	name of un
		
Enter Florida street	address	
	Florida	
City		Zip Code
	Ility Company were filed on	registered office address on our records, enter the address here: Enter Florida street address Florida

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

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
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			Сhange
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			Remove
			□ Chongo

Iffective 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 90 days after filing.) Pursuant to 605.0207 foliage. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. 2019 Signature of a member or authorized representative of a member URSULA MAPAESTEGUI		TO BE SHOWN IN THE ARTICLES OF INCORPORATION. I'M THE ONLY OWNER AND MEMBER OF THE LLC.
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Page 3 of 3

Filing Fee: \$25.00