119000112524

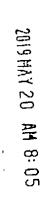
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(71881633)		
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(City/State/Zip/Phone #)		
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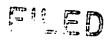
C. GOLDEN

JUN - 8 2019

COVER LETTER

10:	Division of	on Section Corporations	,
SUBJE		LONIA LLC	
SUBJE	C1:	Name of Limited 1	iability Company
The enc	losed Article	es of Amendment and fee(s) are submitte	t for filing.
Please re	eturn all cori	respondence concerning this matter to th	e following:
		ARTURO ORTEGA GONZAL	ĮEZ
			Name of Person
			Firm/Company
848 BRICKELL KEY DR APT			
			Address
		MIAMI, FL 33131	
			ty/State and Zip Code
		AO@TIERRANUEVAGROUP E-mail address: (to be	used for future annual report notification)
For furth	ner informat	ion concerning this matter, please call:	
Joseph	Leak		512 969-2339 at ()
-	Na	ime of Person	Area Code Daytime Telephone Number
Enclose	d is a check	for the following amount:	
\$25.	.00 Filing Fe	ee □ \$30.00 Filing Fee & □ Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



2019 HAY 20 AM 8: 05

KEFALONIA LLC	· · · · · · · · · · · · · · · · · · ·
(Name of the Limit	led Liability Company as it now appears on our records. (A Horida Umited Liability Company)
The Articles of Organization for this Limited L. Llorida document number 1.19000112524	iability Company were filed on April 24, 2019 and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
B. If amending the registered agent and registered agent and/or the new registered of	
Name of New Registered Agent:	ARTURO ORTEGA GONZALEZ
New Registered Office Address:	Enter Florida street address, Florida City Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the propagation as rea	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability is change.

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
MGR	ARTURO GONZALEZ	848 BRICKELL KEY DR APT 4404	
		MIAMI, FL 33131	■ Remove
			□ Change
MGR	ARTURO ORTEGA GONZALEZ	848 BRICKELL KEY DR APT 4464	_ Add
		MIAMI, FL 33131	□ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

. If amendin	ig any other inform	nation, enter change	e(s) here: (Attach additional sheets, if necessary.)	
				_
				
				<u> </u>
				
				_
	_ 	_		
				_
		-		
(If an effective Note: If the	e date inserted in this b	ust be specific and cannot	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 6 e applicable statutory filing requirements, this date will not be lirecords.	05.0207 (3 sted as th
the record) The 90th	specifies a delaye h day after the re	ed effective date, cord is filed.	but not an effective time, at 12:01 a.m. on the ear	ier of:
Marc	:h 8	201	ļ 9	
Dated			 -	
_		Signature of a member	or authorized representative of a member	
	. now (n.c. c. = = = = :			
	ARTURO ORTEGA C	JONZALEZ, MANAC		
		Typed	or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00