## L19000125569

Office Use Only



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## **COVER LETTER**

Div	ision of Cor	porations		
CHD IECT.		ANUEL SERVICE LLC		**************************************
SUBJECT:	= <u>-</u>	Name of Lim	ited Liability Company	
				· ·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		PEDRO MINA		
			Name of Person	
		PTJ EMMANUEL SERVI	CELLC	
			Firm/Company	
		1200 BRICKELL AVE. S	UITE 800	
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI, FL 33131		
		accounting@kabircapital.co	City/State and Zip Code om	<del> </del>
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please co	all:	
Pedro Mina			786 2330132	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	ne following amount:		
\$25.00 1	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)
		ING ADDRESS		an .

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

PTJ EMMANUEL SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{05/08/2019}{}$ and assigned Florida document number $\frac{L19000125569}{}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
<del></del>
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
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

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>	<u>Address</u>	Type of Action
AMBR	HEIBER MINA	1200 BRICKELL AVE., STE 800 MIAMI, FL 33131	B Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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		<del>-</del>	
			Remove
			Change
			□ Add
			Remove
			Change

E. Effective date, if other than the date of filing:  (If an effective date is fised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.82 Note: If the date insected in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.  Dated May 17th  2019  Stappage of a member or authorized representative pFs improber							
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		Kabir Frutos Bonach	. 🔨				

Page 3 of 3

Filing Fee: \$25.00