

L19000129024

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@jelenaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TYCOONS BODEGON LLC**

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Corporate Filing Menu

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AUG 26 2019

M. SOLOMON

2019 AUG 23 AM 9:36

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYCOONS BODEGON, 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 05/13/2019 and assigned
Florida document number L19000129024.

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)

4851 NW 79TH AVENUE SUITE 5

DORAL FLORIDA, 33166.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4851 NW 79TH AVENUE SUITE 5

DORAL FLORIDA, 33166.

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:

JELAN ACCOUNTING SERVICES, INC

New Registered Office Address:

4851 NW 79TH AVENUE SUITE 5

Enter Florida street address

DORAL

City

Florida 33166

Zip Code

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

Title	Name	Address	Type of Action
AMBR	VILLAMEDIANA MALPICA, DAVID ARTURO	4851 NW 79TH AVENUE SUITE 5 DORAL FLORIDA, 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARONI TERAN, JONATHAN A	4851 NW 79TH AVENUE SUITE 5 DORAL FLORIDA, 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PEREZ DABIOT, ELIAS	4851 NW 79TH AVENUE SUITE 5 DORAL FLORIDA, 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)
(If 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 20th, 2019

Signature of a member or authorized representative of a member

CHAVEZ, PEDRO JOSE MARVEZ.

Typed or printed name of signee