## Florida Repartment of State Division of Corporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000174299 3)))



H190001742993ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Cor	raprations	
		•	* *- \(\frac{1}{2}\)
	fax Number	: (850)617-6383	
			. •
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<del>-</del> -
		: 120000000019	
	Phone	; (305)552-5973	
	Fax Number	· · · · · · · · · · · · · · · · · · ·	
	LOX MONDE	, (303/073 3344	(
##F-#**	the smail addmar	s for this business entity to be used for	
rencer	the email addres	to come only one oral address please	**
anr	inal Leborg Maili	ings. Enter only one email address please.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLAVERDE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T GLASS JUN 0 3 2019 ATTROVED

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

## VILLAVERDE ENTERPRISES LLC

(Name of the Lumited Clawitty Con (A Florida Limit	ispany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on MAY 24, 2019 and assigned
Fkrida document number <u>L19000132884</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	lability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation=P.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
•	
	₹ 5 E
Enter new mailing address, if applicable:	
(Mailine address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered of registered office address  Name of New Registered Agent:	fice address on our records, <u>enter the name of the new</u> here:
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>
	l agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and the as provided for in Chapter 605, F.S. Or, if this document is affice address, I hereby confirm that the limited liability
	f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	ROBERTO VILLAVERDE	14346 SW 157 <sup>TR</sup> STREET, MIAMI.	FL 33177 □ Add
			Remove
			Change
		·	D Add
			🖸 Remove
			Change
··		· · · · · · · · · · · · · · · · · · ·	201 MAY 1
			Remove >
			Remove
			Change
<del></del> _			☐ Remove
			Change
	•		☐ Remove
			Change

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

ARTICLE V, MANAGEMENT

The name and address of the Manager is:

Roberto Villaverde 14346 SW 157th Street Miami, FL 33177 MGR

The Manager shall have the right to adopt, alter, amend or repeal the regulations for the Limited Liability Company.

E. Effective date, if other than the date of filing: May 30, 2019 (optional)
(If an effective date is listed, the date cross 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated <u>May 30, 2019</u>			2019 HA	ï.
<del></del>	Signature of a member or animorized representative of a member		<u>ω</u>	F-2-2
	Roberto Villaverde		770	-85P
<del></del>	Typed or printed name of tignes		H 9:	<u> </u>
	Proce 2 of 2	:	S	