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2019 CT 13 174 11: 149

COVER LETTER

TO: Registration Division of C			
	TO Y COMPANIA LLC		
SUBJECT:	Name of Lu	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	NISHIMURA SANDRA		
		Name of Person	
	14516 BALGOWAND RI	Firm Company	
	MIAMI LAKES FL 33010	Address 6	···
	sandryrealty@gmail.com	City/State and Zip Code	-
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
NISHIMURA SANDR.	A	786 752-5024	
Name	of Person		Telephone Number
Enclosed is a check for:	the following amount:		
¥ \$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)
MAII	ING ABBBERS	QTDEET/CAUDH	ED ANNUECC.

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



The Articles of Organization for this Limited	Liability Comp	any were filed on 05/29	0/2019 and assigned
Florida document number 1.19000134842	·		
This amendment is submitted to amend the fo	llowing:		
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 L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of		office address on o	
Name of New Registered Agent.	N/A		
New Registered Office Address:		- 	street address
		Enter Flesida	street address
		City	, 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 address or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SEC	NISHIMURA SANDRA	14516 BALGOWAN RD	
			□ Add
		MIAMI LAKES FL 33016	/
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			_ ☐ Change
			Add
			□ Remove
			☐ Change

N/A	
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Note: If the	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated SEPT	2019
. 1	Me del Rosano Aceve do Vo Signatule of a member or authorized representative of a member
	Maria del Rocario Acesab V. Typed of printed name of signee

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Filing Fee: \$25.00