# L19000 136 273

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:
<u>-</u>

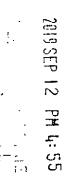
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Charles I to the terms

SEP 2 3 2019



Mary

# **COVER LETTER**

Division of Cor			<b>).</b>
Atrevete a	Triunfai LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following.	
	Rosaura Nunez Noguez		
		Name of Person	
		Firm/Company	<del></del>
	1412 NW 10th Ave		
	Cape Coral, FL 33993	Address	
	rosaura_nunez@hotmail.co	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report notific	ration)
	oncerning this matter, please ca	all:	
Rosaura Nunez Noguez		786 523-5678	
Name o	「Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy raddinonal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

P.O. Box 6327

## TO ARTICLES OF ORGANIZATION OF

Affevete a Frumair LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
My Natural Ware LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1412 NW 10th Ave	
Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33993	2019
		O TO
		12
Inter new mailing address, if applicable:	4-14-18	<u>, 19</u>
Mailing address MAY BE A POST OFFICE BOX)		
		77 M
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		, enter the name of the
New Registered Office Address.	Enter Florida street address	:
	Elo	orida
<del></del>	, Fio	Zıp 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.

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			D Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
		<del></del>	
		···	□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			Change
	<del></del>	<del></del>	Add
			☐ Remove
			Change

E. Effec	ive date, if other than the date of filing:	GRE
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records	the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
	09/01/2019	
Dated	·	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Rosaura Nunez Noguez	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00