L19000164108

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COVER LETTER

Registration Section Division of Corporations

TO:

DISTRIBU SUBJECT:	JIDORA MIA MARKET 33. L	LC ited Liability Company	
	Name of Lim	ned that my Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAURO SCATTOLINI		
		Name of Person	
	C&M CPA. LLC		
		Firm/Company	
	175 SW 7TH ST SUITE 1	509	
		Address	
	MIAMI, FL. 33130		
		City/State and Zip Code	
	MAURO@CANDMCPA.C		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
MAURO SCATTOLIN	1	305 517-3791	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Sect Division of Corp	
P.O. B	ox 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive (Center Circle

RECEIVED SEP 2 7 2019

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA MIA MARKET 33. LLC

2019 007 14 PH 4: 53

(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 Co	ompany were filed on $\frac{06/21/20}{2}$)19 and assigned
Florida document number L19000164108	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	zet address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	gnature 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
MGR	ORTEGA, WLADIMIR	8385 NW 68TH ST	
		MIAMI, FL. 33166	
			■ Remove
			☐ Change
MGR	FELIZOLA, REINALDO G	8385 NW 68TH ST	: ⊟ Add
	MIAMI, FL. 33166		
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
		☐ Change	
		□ Remove	
		Change	
			Remove
			☐ Change

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- Effect	ive date, if other than the date of filing: (optional)
(If an ef Note:	ive date, if other than the date of filing:
	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.
Dated	September 24th 2019.
	September 24th. 2019. Reinaldo Felizola Signature of a member or authorized representative of a member
	Signature of a megater or authorized representative of a member
	FELIZOLA HERNANDEZ, REINALDO GUILLERMO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00