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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

то:	Registration S Division of Co				
SUBJE	CT	ESTMENTS LLC			
SUBJE	.CI:	Name of Lim	ited Liability Company	-	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		MARIA EUGENIA DIAZ			
		MED ACCOUNTING SEE	Name of Person RVICES LLC		
		4468 DOGWOOD CIRCL	Firm/Company		
		WESTON, FL 33331	Address		
		mariu7579@gmail.com	City/State and Zip Code		
			to be used for future annual	report notificati	on)
		concerning this matter, please ca			
MARIA	A EUGENIA DIA	of Person	954 29: at () Area Code	5-6585	ephone Number
		he following amount: \$\Boxed{\Boxesia} \qq \qquad \qu	■ \$55.00 Filing Fee & Certified Copy (additional copy is enc	&	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registrat Division Clifton B	I/COURIER Ation Section of Corporation Building	ADDRESS:

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our realizable (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA	records.)
The Articles of Organization for this Limited Liability Company were filed on FLORIDA	
Florida document number L19000179126	and assigned
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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, enter the name of the like
Name of New Registered Agent:	<u>₩₽\ -</u>
New Registered Office Address: Enter Florida street of	address
	, Florida
City	Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	GUERRA, JORGE A	16102 EMERALD ESTATES DRIVE - WESTON, FL 33331	Add
			
	GUERRA, DIANA M	16102 EMERALD ESTATES	Change
MBR		DRIVE - WESTON, FL 33331	
			Remove
			Change
MBR	GUERRA, JUAN C	DRIVE - WESTON, FL 33331	
			■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MBR	GUERRA, JUAN S	16102 EMERALD ESTATES DRIVE - WESTON, FL 33331	
		 	■ Remove
			Change
			Add
			□ Remove
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	AUGUST	01, 2019		
Effective date, if other than th	al _ a _ c _ c : 11 :		(optional)	
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Note: If the date inserted in this bedocument's effective date on the l			direments, this date will not be	listed as
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the record specifies a delayed. The 90th day after the re		осан енесиче итв	, at 12.01 a.m. On the ea	nuer Of
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Dotad AUGUST 14	2019			
Dated	· ,	 ·		
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Typed or printed name of signee

Filing Fee: \$25.00