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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000200235}{L19000200235}$	y were filed on August 6, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	ant is submitted to amend the following:  g name, enter the new name of the limited liability company here:  st be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ancipal offices address, if applicable:  N/A  See address MUST BE A STREET ADDRESS)  illing address, if applicable:  SEE MAY BE A POST OFFICE BOX)  Interpretation of the new registered agent and/or registered office address on our records. enter the name of the part and/or the new registered office address here:  N/A  Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  City  Zip Code  Agent's Signature, if changing Registered Agent:  If the appointment as registered agent and agree to act in this capacity. I further agree to comply with and the statutes relative to the proper and complete performance of my duties, and I am familiar with and the statutes relative to the proper and complete performance of my duties, and I am familiar with and	
registered agent and/or the new registered office address her	office address on our records, enter the	23 PN 12: 41
New Registered Office Address:		
	Enter Florida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:	·	Zip Code
	$\epsilon$ performance of my duties, and I am fam.	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARCELO SILVESTRIN	1390 Brickell Ave, Suite 275, Miami, FL 33131	<b>⊟</b> Ądd
			☐ Remove
			Change
MGR	HERNAN GOLOD	1390 Brickell Ave, Suite 275	Ö Add
		Miami, FL 33131	Remove
			Change
			🗆 Remove
			□ Change
<del></del>			□ Add
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Affecti f an eff	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.
	an a creence date on the permitten of time a records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
The	90th day after the record is filed.
	August 13 2019
Pated ;	
	Signature of amember or authorized representative of a member
	HERNAN GOLOD

Filing Fee: \$25.00