(Requestor's Name) (Address)	0202761	
(Address)	000004072000	
(City/State/Zip/Phone #)		
(Business Entity Name)	11/02/2001038002 **30.00	
(Document Number)		
ified Copies Certificates of Status		
ecial Instructions to Filing Officer:		
Office Use Only	 !\>	
	O SIMMONS DEC 1 2 2020	
	DEC 1 2 Luco	

COVER LETTER

O: Registration Section Division of Corporations

()a **UBJECT:** ted Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

Alvaro Andres Marmolejo Mahagany Purple, LLC 75 SW 64 Place Miani Florida 33/93 to be used for future annual report notification) E-mail address

or further information concerning this matter, please call:

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nclosed is a check for the following amount:

S25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO ARTICLES OF O OI	D RGANIZATION
(Name of the Limited Liability Compan (A Florida Limited L	PUIDE LLC 7: 2 is as it now appears on our records.) iability Company)
he Articles of Organization for this Limited Liability Company v lorida document number <u>L19000303761</u>	were filed on $AU9USF 8, 2019$ and assigned
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

Cin

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

Florida

Zip Code

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> r removed from our records:

1GR =	Manager
MBR =	Authorized Member

<u>itle</u>	<u>Name</u>	Address	<u>Type of Action</u>
16R	Gabriel Coto	Address 8867 Bylon Ave SULESIDE, FL. 33154	🗆 Add
		Surfside, FL. 33154	Remove
			□ Change
			🗆 Add
			🖾 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗌 Add
			□Remove
			□Change
			🖸 Add
			🗆 Remove
			□ Change

). If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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<u></u>		

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.

Dated	OCTOBER 26th 2020	
	Signature of a member or authorized representative of a member	
	Alvaro Andres Marmolejo Typed or printed name of signee	
	Typed or printed name of signee	