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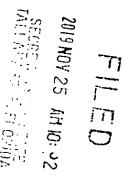
(Re	questor's Name)	·
(Ada	dress)	
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(City	y/State/Zip/Phone	≘ #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section

TO:

Division of Co	orporations		
	anasi.LLC	••	
SUBJECT:	Name of Lim	ited Liability Company	
The onclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Carlos J Guerra		
		Name of Person	
	Guerra&Canasi.LLC		
		Firm/Company	
	6245 SW Kendale Lakes C	Tir Apt A212	
		Address	
	Miami Fl 33183		
		City/State and Zip Code	
	carlosjgfx@yahoo.es		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	ali:	
Carlos J Guerra		786 3293837	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration		Registration Sec	
Division of P.O. Box 63	Corporations	Division of Cor The Centre of T	=
Tallahassee.			e Street. Suite 810
rananasee.	. 4 40 1 - 1 1	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guerra&Canasi.LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records I Liability Company)	
The Articles of Organization for this Limited		ey were filed on 08/14/2019	and assigned
Florida document number L19000207299	·		
his amendment is submitted to amend the following	llowing:		
a. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			2018 SE
			2018 NOV
3. If amending the registered agent and/or		e address on our records, <u>enter t</u>	he name of the new register
gent and/or the new registered office addr	ess here:		三 三 三
Name of New Registered Agent:	N/A		0 32 0 32
New Registered Office Address:	N/A		
	- , <u>,</u>	Enter Florida street address	
		FIA	rida
		City:	Zip 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.

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>	Address	Type of Action
MGR	Yaimara Canasi		□Add
		6245 SW Kendale Lakes Cir Apt A212Miami Fl 3313	83 ≣Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
•••			□Add
			□Remove
			□Change
			DbbA
			□Remove
			□ Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing: 11/21/2019 (optional) (optional) (iffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (included in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	
	Signature of a member or authorized representative of a member
	Carlos J Guerra Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00