## L19000 207740

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Amend

APR 23 ZOZU

I ALBRITTON

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	STEPHANIE MARTINEZ	:
		Name of Person
	ATPLUS CORP	
		Firm/Company
	8180 NW 36 ST, STE 406	
		Address
	DORAL FL 33166	
	<del></del>	City/State and Zip Code
	ATPLUS@LIVE.COM	to be used for future annual report notification)
For further information c	oncerning this matter, please c	·
		305 406-3800
STEPHANIE MARTINI	f Person	at ()  Area Code Daytime Telephone Number
Name o	retson	Area Code Prayume Perephone Number
Enclosed is a check for th	ne following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES MANZULI LLC (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 Company were filed on 08/14/2019 and assigned Florida document number L19000207740 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 records, enter the name of the new registered agent and/or the new registered office address here: GIUSEPPE A MASTROLONARDO JOVES Name of New Registered Agent: 7220 NW 114 AVENUE 202 New Registered Office Address: Enter Florida street address

## 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.

City

DORAL

Charging Registered Agent Signature of New Registered Agent

, Florida 33178
Zip Code

in amending Authorized rerson(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>	Name	Address	Type of Action
MGR	JOSE A. TUTA MANZULI	7220 NW 114 AVENUE 202	
		DORAL, FL 33178	
			□Change
			□ Add
			□ Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
<del></del>		□Add	
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [Optional]  If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records, are 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 ord is filed.  Dated MARCH 23  2020  Signature of specifies of pointerized specientative of a rhember	it amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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