11700 222 226

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700335502067

10/21/19--01024--005 **25.00

Amind

NOV 1 9 TOTAL I ALBRITTON

COVER LETTER

AUTOMERCADOS PLAZAS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Massimo Melone Name of Person Firm/Company 1600 Ponce de Leon BLVD, Suite 1105 Address Coral Gables, FL, 33134 City/State and Zip Code mmelone@globaljurispa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nelson Osio Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALITOMERICA DOC DE AZACIA C

NOOS PLAZAS LLC	_
Company as it now appears on our records.)	9
mned Liability Company)	, , , , , , , , , , , , , , , , , , ,
npany were filled on 08/30/2019	and assigned
npany were med on	and assigned
	البيانية المسترات ا
	\dot{i}
	PH 2: 05
d liability company here:	
J Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
CC)	
557	
 	
ed office address on our records	onter the name of the
•	enter the name of the
55 BC C.	
Enter Florida street address	
Flori	da
City.	ua Zin Code
	Enter Florida street address Enter Florida street address Enter Florida street address Flori

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Andres E. Planchart Padula	1600 Ponce de Leon BLVD, Suite 1105, Coral Gables, FL 33134	■ Add
			□ Remove
		 	Change
			Add
			Remove
			☐ Change
		 	Add
			☐ Remove
			Change
			🗀 Add
			□ Remove
			Change
			☐ Add
			□ Remove
			□ Change
			☐ Remove
			Change

	·····
	(N
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) one than 90 days after filing.) Pursuant to 605.0207 (3 g requirements, this date will not be listed as th
f the record specifies a delayed effective date, but not an effective t b) The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier of:
Dated October, 10th . 2019 .	
Signature of a prember or autiforized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00