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COVER LETTER

4812 Pinet			
UBJECT:	Name of Lim	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Colon Zamora		
		Name of Person	
	Zamora Professional Serv	ices, LLC	
		Firm/Company	
	PO Box 669213		
		Address	
	Miami, FL 33166		
	colonzamora@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	all:	
Colon Zamora		305 7789335	
Name e	of Person	Area Code Daytime	Telephone Number
inclosed is a check for t	he following amount:		
■ \$25.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	TO		
ARTICLES O	F ORGANIZATION		4
	OF		100°C 18
			Contract of the second
4812 Pinetree LLC (Name of the Limited Liability Co.)	amount as it not appears on our	roopeds)	o <u></u>
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ated Liability Company)	records.	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/07/2019	9	and assigned
Florida document number 1.19000252212	-	•	_ 2 2
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 I	Liability Company," the designatio	on "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	S)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<u>, , , , , , , , , , , , , , , , , , , </u>			
		.,,-	
B. If amending the registered agent and/or registered		ecords, <u>enter f</u>	he name of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	t address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I herchy accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dul. as provided for in Chapter	ies, and Lam fa 605, F.S. Or, if	miliar with and This document is

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>	<u>Address</u>	Type of Action
MGR	Gonzalez, Manuel A	4812 Pinetree Dr Unit 105	
		Miami, FL 33140	■ Remove
	D 12 1 1		Change
MGR	Puentes Visaires, Jorge	4812 Pinetree Dr Unit 105	
		Miami, FL 33140	_ □ Remove
			Change
			□ Remove
			□ Change
		-	□ Add
			□ Remove
			☐ Change
		-	Add
			Remove
			Change
			
			□ Remove
			□ Change

Tiec .	12/12/2019
lf an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 12 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00