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## **COVER LETTER**

TO: Registration Se Division of Cor				
CHOICCT.	The Thirst	: Тгар		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
		Rafael Pino		
		Name of Person		
	The	Thirst Trap 11c		
		Firm/Company		
		5840 sw 47st		
		Address		
	м	iami, FL 33155		
	<del></del>	City/State and Zip Code		
	Thirstra	omia@gmail.com	2	
For further information c	n-mail address: (	to be used for future annual report noti all:	ncauon)	
Raf	ael Pino	at (_(305)586-5380		
Name o	f Person	Area Code Daytim	e Tetephone Number	
Enclosed is a check for the	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 enclose	
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction	
Division of C	lorporations	Division of Cor	rporations	
P.O. Box 632 Tallahassee, 1			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on	our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	02/10/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the ab	
Enter new principal offices address, if applicable:			2073
(Principal office address MUST BE A STREET ADDRESS)		otry Club Prado bles, FL 33134	2020 MAR 1-3
Enter new mailing address, if applicable:	915 Country	Club Prado	PH 12
(Mailing address MAY BE A POST OFFICE BOX)			<u>, n</u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our reco	rds, <u>enter the nam</u>	e of the new register
	: Lafarga Country Club Prac	io	
New Registered Office Address:			
	Enter Florida :	street address	
	Coral Gables	Florida	33134
	Ciņ		Zip Cede

## 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

Title	<u>Name</u>	Address	Type of Action
MGR P	Rafael Pino	5840 SW 47st —Miami, FL 33155	🖸 Add
			X_Remove
		915 Country Club Prado	X ☐Change
MGR	Janet Lafarga	Coral Gables, FL 33134	xJAdd
			Пстюче
			□Change
			□Add
			□Remove
			□Change
			□Add
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	3/7/2020
ı effi	ve date, if other than the date of filing:
<u>te:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	d 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
s fil	ed.
ted	·
	Signature of a member of authorized representative of a member
	Rutael Pino
	V F I I I I I I I I I I I I I I I I I I

Filing Fee: \$25.00