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COVER LETTER

TO: Registration Se Division of Cor			
FABRICIO	OTOLEDO, L.L.C.	•	•
SUBJECT:			, ,
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FABRICIO TOLEDO		
		Name of Person	
	FABRICIO TOLEDO, LI	.C	
		Firm/Company	<u> </u>
	5145 SW 157 AVE		
		Address	
	MIRAMAR FL. 33027	,	
	fabtoledo@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
FABRICIO TOLEDO		305 305-7427	
		at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABRICIO TOLEDO, LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	·
The Articles of Organization for this Limited Liability Comp Florida document number		and assigned
This amendment is submitted to amend the following:		202
A. If amending name, enter the new name of the limited	liability company here:	APR -
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abb	: :
Enter new principal offices address, if applicable:		P in
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	2: 15 39 ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter the name</u>	of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby 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.	plete performance of my duties, and I am fo t as provided for in Chapter 605, F.S. Or,	amiliar with and if 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>	Address	Type of Action
MGR	FABRICIO TOLEDO		 Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Remove	
		□Change	
			Remove
		□Change	
		□Add	
		Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			Change

(If an el Note:	tive date, if other than the date of filing:	
If the reco	ord 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 filed.	:
Dated	March 30th . 2020.	
	f. /aldo	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee