## LZ0000175453

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Lienters Linit, Name,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
2001
Special Instructions to Filing Officer:

Office Use Only



900350493959

08/17/20--01018--017 \*\*25.00

24:01:17 6:10:42

0 000000 .

OCT 0 2 2020

## **COVER LETTER**

TO:	Registratio Division of	i Section Corporations	,
CUB III		ida, LLC	
SUBJE	دا:	Name of Limited Liability Company	<del></del>
The encl	losed Article	of Amendment and fee(s) are submitted for filing.	
Please re	eturn all corr	spondence concerning this matter to the following:	
		Ann Mccowan	
		Name of Person	
		A.C. Mccowan, CPA, PLLC	
		Firm/Company	
		1500 Bay Road, APT 1102	
		Address	<del></del>
		Miami Beach, FL 33127	
		City/State and Zip Code	
		ann@acmccowancpa.com  E-mail address: (to be used for future annual report notification)	
For furth	ner informati	on concerning this matter, please call:	
_A	nn I		38
	Na	ne of Person Area Code Daytime Telephone Nu	ımber
Enclosed	d is a check (	or the following amount:	
<b>■ \$</b> 25	.00 Filing Fe	Certificate of Status Certified Copy Cer (additional copy is enclosed) Certified Copy	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)



Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1101 117 MIN:42

ET Florida, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6/23/20	and assigned
lorida document number L20000175453	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
the new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		ame of the new regist
gent and/or the new registered office address here:	:	
Name of New Projectored Asserts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

## 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

<u>Title</u>	<u>Name</u>	Address [1] [7] 17 17 12 12	Type of Action
MGR	Joel Verges	55 SW 9th St, APT 2408	□ Add
		Miami, FL 33130	Leave
			□Change
MGR	Ricardo Christian Sieveking	55 SW 9th ST, APT 2408	<b>≣</b> Add
		Miami, FL 33130	□Remov <b>e</b>
			Change
	<del></del>		□ Add
			□Remove
			□Change
<del> </del>			□Add
		· <del></del>	□Remove
		<del> </del>	Change
<del></del>		<del></del>	🗆 Add
		<del></del>	□Remove
			□Change
•	- Industrial Control of the Control		🗀 Add
			□Remove
			□Change

	= 10 - 1 si 10:1/2
	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
~~~~·	
<del> </del>	· · · · · · · · · · · · · · · · · · ·
ective date, if other than the date of filing	: (optional)
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 605.02
te: If the date inserted in this block does not me cument's effective date on the Department of St	eet the applicable statutory filing requirements, this date will not be listed ate's records.
·	
annul annuifica a delound affection data but not	on officializations at 12,01 and on the continue of the The Ooste day of the
is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted July 02	2020
tea,	/J <u> </u>
Signature of a n	nember or authorized representative of a member
Organical Of the	
JOEL VI	FRGES

Filing Fee: \$25.00