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PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)		_
Certified Copies	Certificates	of Status	_
Special Instructions to	Filing Officer:		7
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## **COVER LETTER**

TO:

	egistration Sec ivision of Corp			
our recu		HOUSE LLC		
SUBJECT	·	Name of Limi	ited Liability Company	<del></del>
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		JAVIER SALAS ROMER	o	
			Name of Person	
		CORVINA HOUSE LLC		
		<u> </u>	Firm/Company	<u> </u>
		7844 Coral Way		
			Address	<del></del>
		Miami, Fl 33155		
			City/State and Zip Code	
		salasjavier79.jsr@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further	r information c	oncerning this matter, please ca	all:	
JAVIER S	SALAS ROME	RO	702 881-7405	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
S25.00	0 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 Addres</u> Registration S		<u>Street Address:</u> Registration Se	etion
	Cegistration of C		Division of Cor	
Į.	P.O. Box 632	7	The Centre of T	Tallahassee
Ţ	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	<u>d Liability Compa</u> (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Li- Florida document number L20000196580	ability Company	were filed on JULY	9, 2020	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desig	nation "LLC" or the abbre	viation L.L.C."
Enter new principal offices address, if applica	able:	7844 Coral Way M	liami, Florida 33155	
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	7844 Coral Way M	liami, Florida 33155	AM 8: 30
B. If amending the registered agent and/or re	•	address on our reco	ords, enter the name	of the new regis
agent and/or the new registered office addres	<u>s here</u> :			
Name of New Registered Agent:	JAVIER SALA	AS ROMERO	_	
New Registered Office Address:	7844 Coral Wa	<del></del>		
new registered Office radicess.			ereaat addrace	
New Registered Office Address.	Miami	Enter Florida	Florida 3315	•

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	Type of Action
Р	AMADO CUENCA JR	3162 SW 147 COURT MIAMI, FL 33185	🗆 Add
			≣Remove
			□Change
MGR	JAVIER SALAS ROMERO	7844 Coral Way Miami, Florida 33155	≣Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effi	ve date, if other than the date of filing:
he record ord is fil	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 ed.
Dated	November 20 2020  Signature of a Member or authorized representative of a member
	signature of a memoer or authorized representative of a memoer
	Tauler Salas Romero  Typed or printed name of signee

Filing Fee: \$25.00