Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC

Account Number : I20190000078 Phone : (561)341-1582 Fax Number : (561)264-6286

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SYSTEM SI LLC

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SEP 0.3 2020

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

18:01 PH 10:31

## **COVER LETTER**

TO: Registration Sec Division of Corp				
	SYST	EM SI LLC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
		Pablo E Goyenechea		
		Name of Person		
	Tu	ContadorEnMiami.com LLC		
	Firm/Company			
		Address		
		Jupiter, FI 33458		
		City/State and Zip Code		
		pgoyenechea@yahoo.com to be used for future annual repor	t notification)	
For further information c	oncerning this matter, please co		, no	
Pablo E G	Goyenechea	.561 at( )	341-1582	
Name o	of Person	Area Code D	aytime 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Addre		
Registration Section Division of Corporations		Registratio Division o	n Section f Corporations	
P.O. Box 633		The Centro	of Tallahassee	
Tallahassee,	FL 32314	2415 N. M	onroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SYSTEM  SYSTEM		an our records	***************************************
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	07/10/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	signation "LLC" or the al	observation "L.L.C."
Enter new principal offices address, if applicable:			2020 SEI
Principal office address MUST BE A STREET ADDRESS)			Ë
			7
Enter new mailing address, if applicable:			AH 10: 3
Mailing address MAY BE A POST OFFICE BOX	*****		. 2
7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our re	cords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Florid	da 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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BARRIO, ALBERTO CLAUDIO	221 W HALLANDALE BEACH BLVD, SUITE 312	<b>∄</b> Add
		HALLANDALE BEACH, FL 33009	DRemove
			[] Change
			□Add
			[]Remove
			DChange
			□Remove
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<u></u>	A CANADA		[]Add
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		LAUDIO as MGR		
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<del></del>				
Effective da	ite, if other than the date of f	Tiling:	(optional)	
Note: If the	date is listed, the date must be specificate inserted in this block does reffective date on the Department	not meet the applicable statute	ing or more than 90 days after filing.) Pursuant to 605.  ry filing requirements, this date will not be liste	d as t
e record spec rd is filed	cifies a delayed effective date, but	it not an effective time, at 12.0	l a.m on the earlier of: (b) The 90th day after	the
Dated	SEPTEMBER 1st	2020		
	٠.	uliana laudaia	Vauegas entative of a member	
	.\/2	DATERALAS I (STACALSTALS	UTATA VILLAS	

Typed or printed name of signee