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2020 SEP 21 AM 8: 33
SECRETARY OF STAIR

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## **COVER LETTER**

TO: Registration S Division of Co					
AFACHA	CAO LLC		•		
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
	VALERIA SCHVARTZM	AN			
	Name of Person				
	LAW OFFICES OF VALERIA SCHVARTZMAN FA				
	Firm/Company				
	12550 BISCAYNE BLVD SUITE 406				
	Address				
	NORTH MIAMI, FLORID	NORTH MIAMI, FLORIDA , 33181			
		City/State and Zip Code			
	valeria@schvlaw.com E-mail address: ()	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
Yuly Arias		305 9740114			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	ction		
Division of Corporations P.O. Box 6327		Division of Corp The Centre of T	porations		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AFACHAÇÃO LLC

company has been notified in writing of this change.

2020 SEP 21 AH 8: 33

(Name of the Limited Liability Company as it now appears on our resortICRETARY OF STATE TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/31/2020}{}$ and assigned Florida document number \_ L20000271149 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALFACHACAO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City 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

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>	Name	Address	Type of Action
			\ \ \ \ \ \ \ \ \_
			□Change
			□Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 14th of September Dated \_\_\_ 2020 SCHUARTEMAN Signature of a member or authorized representative of a member Typed or printed name of signee \

Filing Fee: \$25.00