LZO 000 309802

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FILED 2020 OCT 23 AH II: 3

COVER LETTER

	distration Sedision of Cor					
CHD IFCT.	AMESTINE LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CHRISTINE Z CARDENTEY LEZCANO				
	Name of Person					
		AMESTINE LLC				
	Firm/Company					
	4925 WHITE MANGROVE WAY WEST					
	Address					
	FORT LAUDERDALE, FL 33312					
			City/State and Zip Code	 		
		AMESTINELLC@GMAIL				
			to be used for future annual report no	tification)		
For further i	nformation c	oncerning this matter, please c	all:			
CHRISTINI	E Z CARDEI	NTEY LEZCANO	786 3153454 at ()			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
225 .00 l	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)		
	iling Addres		Street Address: Registration S	ection		
	-	orporations	Division of Co	orporations		
	D. Box 632		The Centre of	Tallahassee oe Street, Suite 810		
1 21	llahassee, l	しし フムスエヤ	4913 19. MOH	or parcel, parte 610		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMESTINE LLC			
(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	
The Articles of Organization for this Limited	Liability Com	pany were filed on 10/01/2020	and assigned
Florida document number L20000309802			
his amendment is submitted to amend the fol	and assigned		
A. If amending name, enter the new name	of the limited	liability company here:	まり
N/A			
he new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
<u>Principal office address MUST BE A STRE</u>	ET ADDRES	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	N/A	
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	· ·	fice address on our records, <u>enter</u>	the name of the new register
Nume of New Registered Agent.			
New Registered Office Address:	N/A	Enter Florida street addres	r
		emer rionau sireei daares	a.
	 		orida
		City	лір Соае

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.

MA
If Changing Registered Agent, Signature of New Registered Agent

11 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
AR	JULIO C ECHEVERRIA	4925 WHITE MANGROVE WAY WEST	
		FORT LAUDERDALE, FL 33312	(DRemove
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ective date, if other than the	10/15/2020	(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 605.020
te: If the date inserted in this blo cument's effective date on the De		ling requirements, this date will not be listed a
	date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after th
is filed.		
OCTOBER 15TH	2020	
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₹	ignature of a member or authorized representat	