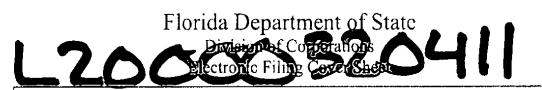
TO:18506176383 FROM:4078975336 Page: 06/23/2022 12:11 PM



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.

(((H22000217376 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 : (407)898-1757 : (407)897-5336 Fax Number

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

Email Address: info@abkcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADAGIO 113 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Help

ge: 3 06/23	3/2022 12:11 PM	TO:1850617638 COVER LETTER	アレノノ(3)31/ノーサニ	5+63
TO: Registration S Division of Co		•	er e e e e e e e e e e e e e e e e e e	
ADAGIO SUBJECT:	113 LLC			
SOBJECT.	Name of Lin	nited Lizbility Company		
The enclosed Articles of	f Amendment and fec(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	LETICIA SANTOS			
		Name of Person		
	ACCOUNT BOOKKEEP	ING CORP		
		Firm/Company		
	5301 CONROY ROAD S	UITE 140		
		Address		
	ORLANDO - FL 32811			
		City/State and Zip Code		
	INFO@ABKCORP.COM			
		to be used for future annual re	eport notification)	
For further information of	concerning this matter, please c	all:		
LETICIA SANTOS		407 898- at ()	1757	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is each	Certificate of Status &	
Mailing Addres		Street Add		
Registration S Division of C			ion Section of Corporations	
P.O. Box 632	27	The Cent	re of Tallahassee	
Tallahassee,	FL 32314		Monroe Street, Suite 810 see, FL 32303	

Page: 4. 06/23/2022 12:11 PM TO:18506176383 FROM:4078975336 בי אוכו אוי

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A DA	GID 113				
(Name of the Limb	ed Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document number L20000320411	iability Company	y were filed on 10/	09/2020	and assigned	
This amendment is submitted to amend the following	owing:			·	
A. If amending name, enter the new name o	f the limited liat	oility company he	re:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the de	signation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1517 MULLIGA	N BLVD #1005		
		CHAMPIONS GATE, FL 33896			
Enter new mailing address, if applicable:		1517 MULI.IGA	N BLVD#1005		
(Mailing address MAY BE A POST OFFICE BOX)		CHAMPIONS GATE, FL 33896			
B. If amending the registered agent and/or reagent and/or the new registered office addres		nddress on our re	cords, <u>enter the name</u>	of the new revision 2022	tered 2
Name of New Registered Agent:	ALEJANDRO A AMBIADO OLIVARES		ယ <u></u> -		
New Registered Office Address:	1517 MULLIG	AN BLVD #1005		-	-
		Enter Florid	la street address	- i-0	
· CHAMPIONS		GATE	, Florida ³³⁸⁹	6	_
		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, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	marco felipe ambiado olivares	LAS PALMAS 53	■ Add
		TALAGANTE, ST 96700-00 CL	□Remove
			☐ Change
MGR	carla andrea ambiado olivares	EL OLIVETO 3992	B Add
		TALAGANTE, ST 96700-00 CL	□Remove
			□Add
			□Remove
			☐ Change
		DAda	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петоче
			Change

Typed or printed name of signee

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