

9/27/21, 2:06 PM

Division of Corporations

L2100042647

Florida Department of State
Division of Corporations
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(((H21000360892 3)))



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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC
Account Number : I20200000130
Phone : (954)345-7888
Fax Number : (786)713-1940

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DONA CLARITA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DONA CLARITA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021Florida document number 121000042647

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 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

City

Florida

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.

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:

H21000360892.3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DURAN BENQUIS, EMILIA REBECA	1549 NE 123RD ST	☒ Add
		NORTH MIAMI, FL 33161	☐ Remove
			☐ Change
AMBR	DURAN BENQUIS, ANTONIA JOSEFI	1549 NE 123RD ST	☒ Add
		NORTH MIAMI, FL 33161	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMBR - DURAN BENQUIS, ANTONIA JOSEFINA - ADD

AMBR - DURAN BENQUIS, EMILIA REBECA - ADD

E. Effective date, if other than the date of filing: _____ (optional)

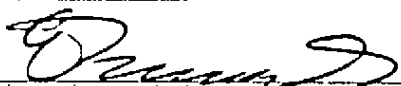
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02(7)(3)(b)

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.

Dated SEPTEMBER 20TH

2021


Signature of a member or authorized representative of a member

EVELINE J BENQUIS MONARES

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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