## 121000257392

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(City,	/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	ion Section of Corporat	ions	
	AR LLC		
SUBJECT:		Name of Limi	ited Liability Company
The enclosed Artic	les of Amer	idment and fee(s) are subi	mitted for filing.
		ee concerning this matter t	
	Đ	ANIELA FERNANDEZ	
	_	<del></del>	Name of Person
	V	ENAR LLC	
	_		Firm/Company
	1	6650 WATERS EDGE D	R
	_		Address
	V	VESTON FL 33326	
	_		City/State and Zip Code
	da	niela.amarena@hotmail.e	to be used for future annual report notification)
r - c - a			
For juriner inform	anon concer	ming this matter, please ca	
DANIELA FERN	ANDEZ		754 8020457 55.5 23 at ()
	Name of Pers	ΘΠ	Area Code Daytime Telephone Number
Enclosed is a chec	k for the fol	lowing amount:	(クロ) <b>つ</b>
□ \$25.00 Filing		i \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Registr	Address: ation Secti n of Corpo		Street Address: Registration Section Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lial (A Flo	hility Company as it now appears on rida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L21000257392			and assigne	rd
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "l	Limited Liability Company," the design	nation "LEC" or the abb	reviation "L.L.C.	<del>,</del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			<del></del>
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address her		rds, <u>enter the name</u>	of the new re	gistered
Name of New Registered Agent:		<del>-</del>	20 <i>P</i> 2	
New Registered Office Address:			- 1 No	<u>"</u>
	Enter Florida	street address = 5		Elements [Feb. 22]
	Cin	, Florida $\frac{S}{r}$	Zip Code	
New Registered Agent's Signature, if changing Regist	·	 גרַ גרַ	is =	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance of my d agent as provided for in Cha tered office address. I hereby c	acity. I further agr duties, and I am fo pter 605, F.S. Or, a	ree <sup>i</sup> to comply amiliar with a if this docume	ınd
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis	ent and agree to act in this cap nd complete performance of my d agent as provided for in Cha tered office address. I hereby c	acity. I further agr duties, and I am fo pter 605, F.S. Or, a	amiliar with a if this docume	ma

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

Title ,	<u>Name</u>	Address	Type of Action
MGR	ARIEL OYARZABAL		
		16650 WATERS EDGE DR. WESTON FL 33326	≣Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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activa du	a if athar than th	e mane or initia		•	(O)	Miditary	) <sup>***</sup>
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reffective d <u>te:</u> If the o	te, if other than the ate is listed, the date mu date inserted in this b ffective date on the I	ist be specific and flock does not r	d cannot be prior meet the applica	to date of filing or r able statutory filir	more than 90 days at ng requirements, I	tter filing.) Purs this date will.	tot be listed as
reffective d <u>te:</u> If the c rument's e	ate is fisted, the date mudate inserted in this b ffective date on the I	ist be specific and clock does not r Department of S	d cannot be prior meet the applica State's records.	to date of filing or r able statutory fili	ng requirements.	this date willi	to be listed as
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Filing Fee: \$25.00