L21000385404

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor		•	
eun ucc		MARGARITA LLC	,	
SUBJEC	.1;	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JAVIER E GUZMAN VE	LASCO	
			Name of Person	
		HOSTING MARGARITA	LLC	
			Firm/Company	
		11300 NW 87TH ST		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		USTUEMPRESA@GMAII		<u> </u>
			to be used for future annual report noti-	neation)
For furth	er information c	oncerning this matter, please c	all:	
JAVIER	E GUZMAN V	ELASCO	786 340-0372	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 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 tadditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSTING MARGARITA LLC			
(<u>Name of the Lim</u>	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L21000285404	Liability Company were f	filed on 06/18/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	ompany here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or th	ne abbreviation 'EL.C."
Enter new principal offices address, if appli	cable: NA		00 OC
(Principal office address MUST BE A STREA	ET ADDRESS)		52.
Enter new mailing address, if applicable:	NA		Terrogan
(Mailing address MAY BE A POST OFFICE	<u></u>		- .
B. If amending the registered agent and/or agent and/or the new registered office addresses		s on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:	19370 COLLINS AVE	E APT 1014	
		Enter Florida street address	
	SUNNY ISLES BEAC	CH , Florida	33160

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.

City

16	Chamaina	Registered	4	Clares de	and Nines.	Danietarne	4
	Changing	Registered	Agent,	Signature	01,161	Megisteren	Agent

Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Carlos J Sotillo Portillo	17950 NW 66ST	≅Add
		DORAL, FL 33166	□Remove
		 	□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	2021 de CT
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Filing Fee: \$25.00