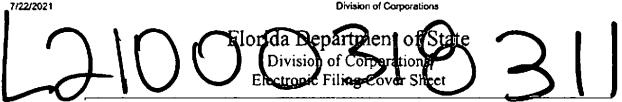
Division of Corporations



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.

(((H21000280728 3)))



H210002807283ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRMA MAGIA REPRESENTANTES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ESENTANTES LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compare Florida document numberL21000318311	ny were filed on	07/13/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	bility company here	: !	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SECTION TO
Enter new mailing address, if applicable:			22 PARY CARRY CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)			ETTLONIO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the na</u>	**************************************
Name of New Registered Agent:			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florido	a street address	
	Enter Floride City	a street address , Florida _	Zip Code

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.

To: 18506176383

Page: 3 of 4

2021-07-22 18:54:17 GMT

13058473293

From: Martin Collante

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
MGR	PIEDRAHITA, CARLOS A	15120 NW 29TH AVE	
		OPA LOCKA, FL 33054	≣ Remove
			OChange
MGR PIEDRAHITA OCORO, CARLOS A	PIEDRAHITA OCORO, CARLOS A	15120 NW 29TH AVE	≅ Add
		OPA LOCKA, FL 33054	□ Remove
	-	□Change	
		□Remove	
		□Change	
		DbAC	
	-	□Remove	
			□Change
		□Add	
			□ Remove
			□Change
			DAdd
			□Remove
			□Change

Page: 4 of 4

From: Martin Collante