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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.
Account Number : I20150000017
Phone : (305)752-7505
Fax Number : (305)752-4409

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

Email Address: nuevavida6445@gmail.com

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SERRUYA LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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

SERRUYA LLC

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

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The Articles of Organization for this Limited Liability Company were filed on March 30th, 2021 and assigned
Florida document number L21000340121

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 "LLC."

Enter new principal office 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:

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 and 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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C. 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sophia M. Moraez	2101 Brickell Avenue Apt 1612 Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Ana Luiza Moraez	2101 Brickell Avenue Apt 1612 Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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

(4) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 30 days after filing. Pursuant to 605.0207 (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.

(b) The 90th day after the record is filed.

Dated September 12, 2021

X Janaina Genueya Monteiro
Signature of a member or authorized representative of a member

Janaína S. Monteiro
Typed or printed name of signer