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(((H22000289929 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200000121

Phone : (770)928-2700

: (888)772-8108 Fax Number

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

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EL MILAGRO 2 LLC

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\$25.00 AUD	2 9 2022
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Electronic Filing Menu

Corporate Filing Menu

Help

Zip Code

From: Mike Natarus

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL MILAG	RO 2 LLC	
Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	***************************************
The Articles of Organization for this Limited Liability Company	were filed on 11/03/2021	and assigned
Florida document number 1.21000475472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14605 SW 75 AVE	
(Principal office address MUST BE A STREET ADDRESS)	PALMETTO BAY, FL 33158	
Enter new mailing address, if applicable:	14605 SW 75 AVE	2022 / SECTO
Mailing address MAY BE A POST OFFICE BOX)	PALMETTO BAY, FL 33158	जिल्ला म
	***************************************	26
	The street of th	CO DO
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
gent and/or the new registered office address nere:		39
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flortda street address	
	Floric	ia

#### 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

If Changing Registered Agent, Signature of New Registered Agent

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	g Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of	cach person being add
MGR = M AMBR = A	lanager authorized Member		en e "
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	SACHERI, RAMON	1170 99TH ST APT #1	□Add
		BAY HARBOR ISLANDS, FL 33154	i≡Remove
			□Change
MGR	SACHERI, PABLO M	14605 SW 75 AVE	æAdd
		PALMETTO BAY, FL 33158	🗖 Remove
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			□Remove
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			☐ Change

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If amer	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe Note: 1	e date, if other than the date of filing:	
ne record ord is tile	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
Dated /	UGUST 23rd 2022	
	Signature of a member or authorized representative of a member	