

8/16/22, 3:44 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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**L22000105997**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LUIS MANGIAVILLANO LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

2022 AUG 16 PM 4:52

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 2022 AUG 16 PM 5:52  
 DIVISION OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX  
 Help  
 AUG 17 2022

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

LUIS MANGIAVILLANO LLC

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

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned

Florida document number L22000165997

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

13499 BISCAYNE BLVD SUITE M4

NORTH MIAMI FLORIDA 33181

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13499 BISCAYNE BLVD SUITE M4

NORTH MIAMI FLORIDA 33181

**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:**

L & J ACCOUNTING INC

**New Registered Office Address:**

13499 BISCAYNE BLVD SUITE M4

*Enter Florida street address*

NORTH MIAMI

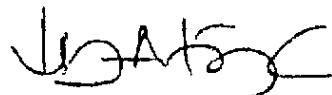
*City*

Florida

*Zip Code*

**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.*



**If Changing Registered Agent, Signature of New Registered Agent**

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 CLERK OF COURT  
 13499 BISCAYNE BLVD SUITE M4  
 NORTH MIAMI FLORIDA 33181

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> |
|--------------|-------------|----------------|-----------------------|
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