# LZZ 000309626

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### **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Juan Camil	o Vargas Ramirez LLC		
SUBJI	ECT:	<u> </u>		<del></del>
		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Juan Camilo Vargas Rami	rez,	
			Name of Person	
		Juan Camilo Vargas LLC		
			Firm/Company	
		434 Bennington lane		
		<del></del>	Address	
		Lake Worth Fl 33467		
		jevargasramirez@gmail.co	City/State and Zip Code	<del></del>
			to be used for future annual report notifica	ulos)
For fur	ther information on	neerning this matter, please ca	·	uon)
	Camilo Vargas Ram		316 5194697	
	-		at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclos	ed is a check for the	e following amount:		
<b>■ \$</b> 2	5.00 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 (additional 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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liahi	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)		
	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street od	dress
		Florida
	Citv	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 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	Juan Camilo Vargas Ramirez	434 Bennington Lane	
	<del></del>		<b>∃</b> ∧dd
		Lake Worth Fl 33467	
			□ Remove
			D.C.
AMBR	Mariela Ramirez Bernal	434 Bennington Lane	□Change
ANIDK	Maricia Rammez isemai	4,94 Demington Lane	
	<del>- , ,, ,,,,</del>	Lake Worth Fl 33467	
			□Remove
			□Change
<del></del>			🗆 🖊 🗖 🗸 dd
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Filing Fee: \$25.00