L23000185974

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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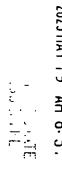
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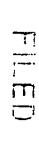


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COVER LETTER

TO:

Registration Section

Division of Corporations		
/		
SUBJECT: FUENTESSOPENARY,	MEE LLC	
Name of Limi	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence concerning this matter (to the following:	
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<u> </u>	J SEPULVEDA Name of Person	
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E-mail addross: (t	o be used for future annual report notific	ration)
For further information concerning this matter, please ca	.11-	
To thine mornador concerning this matter, prease es		
6 - 4	1.7 776	21/27
Jeovarony Name of Person	at (401) 377-	Tulophone Number
Samy at Person	Area Code Daytine	reseptione reamoci
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Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
Certificate of Status		Certificate of Status &
Flora Dx Sept. of STATE	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
,		
Mailing Address:	Street Address:	
Registration Section	Registration Sect	
Division of Corporations	Division of Corp	
P.O. Box 6327	The Centre of Ta	
Tallahassee, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUENTES SOPENA AYMEA (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000/85974</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
ASMEE FUENTES SOPENA LLC The new name must be distinguishable and contain the words "Limited Liability	C	and the subhamilarities with 1 C "
	e Company, the designation (LLC) o	i the adoteviation (E.E.C.)
Enter new principal offices address, if applicable:		21
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		\$
Enter new mailing address, if applicable:	,	9 1
(Mailing address MAY BE A POST OFFICE BOX)		2 11
Shalling dualess SEAT HE ATOST OFFICE BOXY		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	,	
Name of New Registered Agent.		
New Registered Office Address:	Emer Florida street address	
		ida
	Cin.	ida 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	AYMEE FUENTES SOPEN	ORLINDO, FL 3-825	AAdd
			□Change
			□Add
			□Remove
			□Change
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			□Remove
		<u> </u>	□ Change
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			□ Change
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			□Change
			□Remove

Effective date, if other than the date of filing: [If an effective date is is fact, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605 0.20 More. If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record 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 ord is filed. Dated MAY Segnature of a member or authorized representative of a member	
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Dated	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
J = (A J)	
——Signature of a member or authorized representative of a member	$\mathcal{J} = (\mathcal{L} \mathcal{A})$
	Senature of a member or authorized representative of a member

Filing Fee: \$25.00