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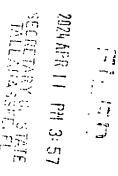
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: JU	<u> </u>	RIBE LLC.		
The enclosed Articles of	Amendment and fee(s) are subtr	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	JUAN CAR	Name of Person		200
	JUAN CARla	S URIBE LLC Firm/Company		
	941 NE 17	OTH ST APT.	2/2	PH 3:57
	JUANCA 276	City/State and Zip Code 65965 a) Cym Co o be used for future annual report notific	ill.Com	मुद्री य
For further information	concerning this matter, please ca	11:		
JUAN CARI	OS URIBE	at (<u>786</u>) <u>53180</u> Area Code Daytime	Telephone Number	
Enclosed is a check for ☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fili	ing Fee. e of Status &
·	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified (
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Second Division of Corporate Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUAN CARIOS URIBE (Name of the Limited Liability Compa (A Florida Limited Line)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2400003319</u> 1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 941 NE 170TH ST APT 212 MAM1, FL 33162
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	941 NE 170 TH ST APT 212 MIAMI, FL 33/62
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

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 CARLOS URIBE	941 NE 170HH ST APT. 21.	<u>J</u> □Add
		MIAMI, FL 33162	□Remove
			Z Change
			□Add
			□Remove
			□Change
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		7	PHIAdds 1
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Effective date, if	other than the date of listed, the date must be spec- nserted in this block doe	of filing:	to date of filing or more	(optiona han 90 days after fili quirements, this da	ig 3 Pursuant to 60	5.0207 (acd as (
Note: If the date is document's effecti	nserted in this block doe we date on the Departme	ent of State's records.	iore standary minigra	1		
ne record specifies a ord is filed.	delayed effective date, l	but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b)	The 90th day aft	er the
Dated 04 -	- 04	, 2020	<u>Ł</u> .			
		. 1 /				
Dated <u>04</u> -	Jeon Corlos 16 Signatu	re of a member or author	orized representative of	ı member		

Filing Fee: \$25.00