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PICK-UP	TIAW [MAIL
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARMANCASA 402	LLC		_	
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			_	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			\	Fictitious Name File
				Trade/Service Mark
				Merger File
			1	Art, of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		·		Fictitious Owner Search
_				Vehicle Search
	- 			Driving Record
Requested by: BA	4/9/20			UCC 1 or 3 File
Name		Time		UCC 11 Search
Manie	Date	TIME		UCC Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARMANCASA 402 LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on 1/29/202	20	and assigned	
Florida document number M2000001230	<u></u> . '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designa	ition "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	PESS)		2020 APR	
·		:		
				,
Enter new mailing address, if applicable:			ٺ	
(Mailing address MAY BE A POST OFFICE BOX)			P.	
			7:	
		•	3 8	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, <u>enter the name o</u>	the new regis	terec
agent and/or the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eet 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
AP	Alvaro Castillo	1390 Brickell Avenue Suite 200	
		Miami, FL 33131	≅Remove
			□Change
MGR	Ana Maria Garcia	1390 Brickell Avenue Suite 200	■Add
		Miami, FL 33131	□Remove
			□Change
			Add 2020 Remove
			☐Change
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Effective date, if other than the date of filing:			(optional)		
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be possible. If the date inserted in this block does not meet the ap	prior to date of file	ing or more than 90 ry filing requiren	days after filing.) rents, this date	Pursuant to 6 will not be li	05.0207 (3 sted as th
document's effective date on the Department of State's reco	ords.				
le record specifies a delayed effective date, but not an effective is filed.	ve time, at 12:Ò	a.m. on the earl	ier of: (b) The	e 90th day af	ter the
ind is fried.					
Dated April 8 2020					
,	·	/			
	/,	(de)			
Signature of a member or a	uthorized repres	entative of a memb	er		
Alvaro Castill	lo, Authorized	Person			
	printed name of s				

Filing Fee: \$25.00