## that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ELVIO AMARILLA MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

WOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: ARMANDO J NODA			06/08/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	AMARILLA, ELVIO	Name	DANIEL, GIMENEZ	
Address	245 NE 14TH ST 2160	Address	245 NE 14TH ST 2160	
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

## Current Mailing Address:

Entity Name: ELVIO AMARILLA, LLC

**Current Principal Place of Business:** 

245 NE 14TH ST 2160 MIAMI, FL 33132 US

245 NE 14TH ST

MIAMI, FL 33132

2160

## FEI Number: 45-2718573

## Name and Address of Current Registered Agent:

ARM CONSULTING & CO INC 3475 SHERIDAN ST 313 HOLLYWOOD, FL 33021 US

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000079099

FILED Jun 08, 2020 Secretary of State 0664317356CC

Certificate of Status Desired: No

06/08/2020

Date