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COVER LETTER

10:	Division of Cor			
OUD III	ERRA RI	GISTERED AGENTS, LLC		
SUBJE	U1;		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please n	etum all correspo	ondence concerning this matter	to the following:	
		Monique Martino		
		·	Name of Person	
		Eljaiek Ruiz Rodrig	uez & Alvarez PLLC	
			Firm/Company	-
		2601 S Bayshore Di	rive 18th Floor	
			Address	- <u> </u>
		Coconut Grove, FL	33133	
			City/State and Zip Code	
		mm@ernlaw.com	to be used for flitture armual report not	itication)
For furth	ner information o	concerning this matter, please c		
Moni	ique Martino		786-809-22	
• •	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	.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)
	Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Commany at it (A floride Limited Liability) The Articles of Organization for this Limited Liability Company were f		in Localine	
The Articles of Organization for this Limited Liability Company were f			
	iled <u>04-0</u>	7-08	and assigned
on Florida document number <u>L08000034830</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited hability-eq	ppany here.		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designs	tion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MIST RR & STREET ADDRESS			
	<u>_</u>		
Enter new mailing address, if applicable:			025
Malling address MAZBE A POST OF TICE BOSD		· · · · · · · · · · · · · · · · · · ·	A T
		#15 11 	-28-E
m wa 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		in the second se	7. 2 . 0.
B. If amending the registered agent and/or registered office address ment and/or the new resistered office address here:	on our record	er en et meise en r	CARE HOLD A VERNER
		<u> </u>	m &
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Enter Florida str	eet address	
Cin	_	, Piorida <u></u>	Zip Code
· · · · · · · · · · · · · · · · · · ·	,	•	cip Code
Im Resistored Accepts Mensions, If changing Resistered Accepts: Thereby accept the appointment as registered agent and agree to ac	_		

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 tile, name, and accress of each person our removed from our records:

MGR = Manager AMBR = Authorized Member

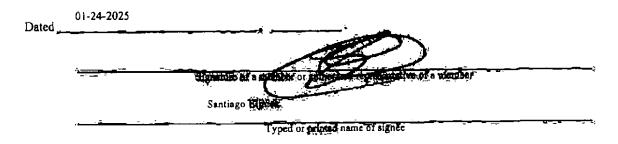
<u>Title</u>	Name	Address	Depe of Action
MGR	CARLOS F. RODRIGUEZ		□Add
			i¶ Remove
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بر مارین			□Add
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	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605

If 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 record is filed.

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