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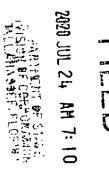


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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
FLL 285 SUBJECT:	LLC	·	•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	nondence concerning this matter	to the following:		
	ALAIN RODRIGUEZ			
		Name of Person	,	
	ARCA ACCOUNTING			
		Firm/Company		
	14171 SW 156TH AVE			
		Address	 	
	MIAMI FL 33196			
		City/State and Zip Code		
	ARCAACCOUNTING@H			
	E-mail address: (to be used for future annual report no	otification)	
For further information	concerning this matter, please c	ali:		
ALAIN RODRIGUEZ		305 744-3886		
Name	of Person		me Telephone Number	
Enclosed is a check for	the 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) 	
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Co		
P.O. Box 63		The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL 285 LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 24TH, 201 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	RICARDO KIRSCHBAUM	13727 SW 152ND ST STE 214	≣ Add
		MIAMI FL 33177	□Remove
			□Add
			□Remove
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Effective date, if other fan effective date is listed.	than the date of fi	ling:	to data of filing as some	(optiona	d)
Note: If the date inserted	d in this block does no	ot meet the application	able statutory filing	e man 90 days after fill requirements, this da	ng.) Pursuant to 605.02071 ite will not be listed as t
document's effective dat	e on the Department	of State's records.		•	
e record specifies a delay rd is filed.	ed effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
HH V 1470		2020			
Dated JULY 14TH					
1.1	>				

Typed or printed name of signee