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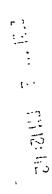
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

CHRICAT	ALBAMAR S	SOUTH FLORIDA, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ALBERTO MORIS	
		Name of Person	
		MORIS & ASSOCIATES	
		Firm/Company	
	. 365	0 NW 82nd AVE., SUITE 401	
		Address	
		DORAL, FL 33166	
		City/State and Zip Code	• • • • • • • • • • • • • • • • • • • •
	Ye	Misisastias@a to be used for future annual reporting	mail.com.
Car foother information o			ineation)
	oncerning this matter, please co		
ALBERTO MORIS		305 559-160 at () Area Code Daytin	00
Name of	l Person	Area Code Daytin	ne Telephone Number
Enclosed 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)
Mailing Addres Registration S Division of C P.O. Box 632	orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBAMAR SOUTH FLORI	DA, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	<u>w appears on our records.)</u> mpany)	
he Articles of Organization for this Limited Liability Company were file	d on06/08/2015	and assigned
orida document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability com	pany here:	
e new name must be distinguishable and contain the words "Limited Liability Compar	ny." the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
nter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	
. If amending the registered agent and/or registered office address ogent and/or the new registered office address here:	n our records, enter the nan	ie of the new registe
cent and/or the new registered office address here.		(3) (3)
		725
Name of New Registered Agent:		
New Registered Office Address:		N.
	Enter Florida street address	
	. Florida	22
City		Zip Code
		· ro

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> ·	Address	Type of Action
MBR	LUIS RAMON SANCHEZ LOPEZ	19376 SW 65TH ST	
		FORT LAUDERDALE, FL 33332	
			🗆 Add
			□Remove
			□Change
			□Add
	•		Remove
			□ Change
			🗀 Add
			□ Remove
			🗀 Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change

ffective date, if other than the date of filing: S/18/2021 (optional)					
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Filing Fee: \$25.00