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COVER LETTER

CU4, LL SUBJECT:			
	Name of Limit	ed Liability Company	
he enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
lease return all corres	spondence concerning this matter to	o the following:	
		-	
	•	Name of Person	
	The Alhadeff Law Group, P	L. ,	
		Firm/Company	-
,	11900 Biscayne Blvd #289		
		Address	
,	Miami, FL 33181		
		City/State and Zip C	ode
	Mark@alhadefflaw.com		
	E-mail address: (to	be used for future an	nual report notification)
For further information	n concerning this matter, please cal	II:	
Natasha Barrientos		786 at (359-9655
Nam	e of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 05/03/2016 and assigned Florida document number L16000087257 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 mailling 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 negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address [Florida	CU4, llc	•	
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New Registered Office Address: Enter Florida street address , Florida			
Enter Florida street address , Florida	Name of New Registered Agent:		
, Florida	New Registered Office Address:		<u>.</u> .
		Enter Florida street address	
City Zip Code		, Florid	a
		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
MGR	Hernan Adolfo Vergara	16500 Collins Ave #1651	■ Add
		Miami, FL 33160	□ Remove
		 	☐ Change
			□ Add
-			☐ Remove
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ective date, if other than the date o	of filing: (optional)	
i effective date is listed, the date must be spec te: If the date inserted in this block doe	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursues not meet the applicable statutory filing requirements, this date will no	ant to 605.03 ot be listed
cument's effective date on the Departme		
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	ctive date, but not an effective time, at 12:01 a.m. on the	e earlier
he 90th day after the record is	meu.	
November 07	2016	
ea	$\overline{\mathcal{I}}$	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00