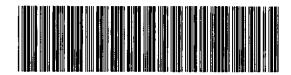
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SECRETARY OF STATE TALLAHASSEE FLORIDA

JUN 259 2017 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corpor			
CUBICAT.	Andres Osa	m Rhera	uc
SUBJECT:	Name of Limit	ed Liability Company	
•			
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	the following:	•
	(ndys	OSDIM RUSA	<u> </u>
	HADRES U	Pirm/Company	<u> </u>
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	POPLACINO	C) 30 %	rs <b>1</b>
	VICANDO	City/State and Zip Code	
_		ME PRO C 6M	
			port notification)
For further information conc	erning this matter, please ca	l: ,	•
ANDRES OSOI	va Ruera	at ( 3 L1 )	321 - 8446 Daytime Telephone Number
Name of Pe	tson	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRES OSPINA	RIVERA LIC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	oy as it now appears on our records.) inhility Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000015360</u>	were filed on JANNARY 17 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the fimited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	37 N DRANGE AUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 910M
	ORLANDO FL 32801 .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cny , 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

Page 1 of 3

Page 1 of 3

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
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ted	June	2 19th	<b>.</b>	2017		
			$\Lambda$	$ )\bigcirc$		ALLA SECA
			Signature of a me	mber or authorized re	presentative of a n	
		A.	DRES	OSPINA	RIVERA	ARY GASSEE!
,				yped or printed name	of signee	ST/OF

Filing Fee: \$25.00