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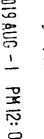
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## **COVER LETTER**

	egistration Sec ivision of Cor <sub>l</sub>			
CITY IF APP		GATE BRICKELL, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		YAN VALDES		
			Name of Person	·
		VALDES CPA & ADVISO	ORS, P.A.	
			Firm/Company	
		848 BRICKELL AVE. SU	ITE 625	
			Address	
		MIAMI, FL, 33131		
			City/State and Zip Code	<del> </del>
		yvaldes@valdescpa.com		
		E-mail address: (	to be used for future annual repor	t notification)
For further	information co	oncerning this matter, please ca	all:	
YAN VAI	.DES		305 517-330 at ()	
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	s a check for th	e 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 Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	-		
The Articles of Organization for this Limited L	iability Company	were filed on	and	assign	ned
Florida document number 1.17000237355	<del></del> '				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	-	breviation	r"L.L.C	• ••
Enter new principal offices address, if applic	cable:	C/O 848 BRICKELL AVE, SUITE 625			
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL, 33131			
			<u>E</u>	2019	
Enter new mailing address, if applicable:		C/O 848 BRICKELL AVE, SUITE 625		9 AUG -	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL, 33131	1179 1179		1
	<del></del> -			P	3 9 8
B. If amending the registered agent and	Var registered a	flice address on our records, enter	r - 🚉	12: Of	the new
registered agent and/or the new registered of	* '	<u> </u>	THE PROPERTY	110001	THE HEY
Name of New Registered Agent:	VALDES CPA	& ADVISORS, P.A.			
New Registered Office Address:	848 BRICKEL	L AVE, SUITE 625			

## 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

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JORGE LUIS POLEO GONZALEZ	11372 NW 87TH LN, DORAL, FL, 33178	
			☐ Remove
			□ Change
			Remove
		<del></del> -	Change
<del></del>			
			☐ Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove

Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:  (optional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filled.  Signature of a member or authorized representative of a member.			
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Filing Fee: \$25.00