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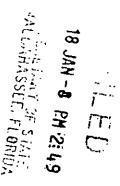
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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	HUBERT MCINTOSH	N. CD	
		Name of Person	
	RE-MMAP INC		
		Firm/Company	
	4500 BELVEDERE RD S		
		Address	
	WEST PALM BEACH, I	1. 33415	
		City/State and Zip Code	
	INFO@RE-MMAP.COM	Ι	
	E-mail address: (to be used for future annual report notif	fication)
For further information e	oncerning this matter, please ca	ll:	
BARBARA GOLDING		at (561) <u>623-0241</u>	
Name c	of Person	Area Code Daytim	e 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 of Certified Copy (additional copy is enclose

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

AVILE'S & LASAGA ASSOCIATES, 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 12/21/2017 Florida document number 1.17000259926 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AVILES & LASAGA ASSOCIATES, LLC 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: 4500 BELVEDERE RD STE A3 (Principal office address MUST BE A STREET ADDRESS) WEST PALM BEACH, FL 33415 Enter new mailing address, if applicable: 4500 BELVEDERE RD STE A3 (Mailing address MAY BE A POST OFFICE BOX) WEST PALM BEACH, FL 33415 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

. Florida

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	Name	<u>Address</u>	Type of Action
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		-	Remove
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