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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 5 Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

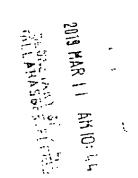
Member:

Florida Institute of Certified Public Accountants

March 7th, 2019

Certified Mail Return Receipt Requested No.7017 3380 0000 6302 6385

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314



Ref: Articles of Amendment to Articles of Organization of Prebel LLC ("the Company")

To whom it may concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Prebel LLC and check #1578 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

Bv

Luisa Elena Cuadrado, Paralegal

## **COVER LETTER**

Registration Section

TO:

Divi	ision of Cor	porations		
erin iroz	PREBEL I.	LC		
SUBJECT:		Name of Lim	ited Liability Company	DAIL MAR
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DIEGO L. RESTREPO ES	SQ.	\$ F
	Name of Person			
	DIEGO L. RESTREPO P.A.			
			Firm/Company	<del></del> -
		2600 SOUTH DOUGLAS	ROAD, SUITE 913	
		· · · · · · · · · · · · · · · · · · ·	Address	
CORAL GABLES, FL 33134				
		LUISA@RESTREPOLAW	City/State and Zip Code COM	<del>.</del>
		E-mail address: (	to be used for future annual report noti	fication)
For further in	iformation c	oncerning this matter, please ca	all:	
DIEGO L. R	ESTREPO	ESQ.	305 447-9430 at (	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for t	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	T	O	_9
ART	CICLES OF C	<b>PREANIZATION</b>	
	O	F	<b>美</b>
PREBEL LLC			
	ited Liability Compa	ny as it now appears on our rec Liability Company)	ords.)
	(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited I	iability Company	were filed on 04/30/2018	and assigned
		were med on	and assigned
Florida document number L18000108591	·		
This amendment is submitted to amend the fol	lowing:		
	_		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
		·-···	
Trincipal office dudiess MOST DE A STREE	<u> </u>		
		<b>N</b> 1/4	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	EBOX)	*	
B. If amending the registered agent and	d/or registered of	ffice address on our reco	ords, enter the name of the nev
registered agent and/or the new registered of	office address her	<u>e</u> :	
Name of New Registered Agent:	N/A		
N D : 107	N/A		
New Registered Office Address:		Enter Florida street add	drexs
	-		Florida Zip Code
		City	zip coae
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register			
provisions of all statutes relative to the proj	•	• •	•
accept the obligations of my position as reg being filed to merely reflect a change in the			
company has been notified in writing of this		авалем, 1 негену сощит	тасте итиса нарниу
7			

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	MARIA CATALINA VELASQUEZ	2600 SOUTH DOUGLAS ROAD. SUITE 913	□ Add
		CORAL GABLES, FL 33134	■ Remove
			Change
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		<del> </del>	
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'Mantina data if a	than than the data of Eliana		4 4 1	
Note: If the date ins	sted, the date must be specific and cannot be serted in this block does not meet the date on the Department of State's re-	applicable statutory filing re	than 90 days after filing.) Pursuant to- quirements, this date will not be	605,0207 listed as
e record specifi The 90th day a	es a delayed effective date, b ifter the record is filed.	ut not an effective tim	e, at 12:01 a.m. on the ea	rlier of
Dated MARCH 7	2019	<u></u> .		
	/ /// / / /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00