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COVER LETTER

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liubility Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Alexis	Name of Person Cov Cia Firm/Company Swall Address Address City/State and Zip Code	e 155 cast.ret
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	ication)
Alex	Garcia	at (786) UQQ Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		LAHA.
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Tee. Certificate of Status & Certified Capy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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 ARTICLES OF ORGANIZATION

Gara	10	Fire			
(Name of the Limited Liability C (A Florida Lin	Company as it n mited Liability C	ow appears of o	ur records.)	<u> </u>	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 180001124</u>	ipany were fil	led on <u>5</u>	4/20	and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability con	npany here:			
The new name must be distinguishable and contain the words "Limited	Liability Comp	any," the designa	tion "LLC" or th	e abbreviation "I	"L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</u>	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_	SECRETA FALLAHAS	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		dress on our	records, ent	-7 (1) 2: 42 SEE [1-08/10A	of the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida str	veet address		
			Florida		
Name Opering and America Simulation of the Complete Decision of the	City			Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:				

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alex Garcia	8251 5W 293	
		miami Fl 3315	Remove
			Mange
MGR	Isabel Ynigo	82515W 29st	
	9	8251 SW 2987 Miami Fl. 33155	□ Remove
			X Change
			Add
			□ Remove
			Change
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Effective date, if of an effective date is linguistry in the date in locument's effective.	isted, the date mu iserted in this bl	st be specific ar lock does not	nd cannot be promeet the app	dicable statu	filing or more tory filing re	than 90 days	optional) after filing.) Pi this date wi	arsuant to II not be	o 605.0207 : listed as
e record specif The 90th day	ies a delaye after the rec	d effective ord is filed	date, but	not an eff	ective tim	e, at 12:0)1 a.m. on	the e	arlier of
Dated Aug	ust		20	18					
C			K VANIZ						
		Signature vi a	i nicipier of a	ithorize d rep r	esentative of	a member			_

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Filing Fee: \$25.00