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To:			5-
	Division of Cor	rporations	Š
	Fax Number	: (850)617-6383	(1.2)
From:			
	Account Name	: JORGE L. GURIAN P.A.	3
	Account Number	: I20010000123	5
	Phone	: (305)931-0541	
	Fax Number	: (305)931-0568	
an		s for this business entity to be used for ngs. Enter only one email address please. Jaurian @ guranlaw: conc.	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RBOUR 1916 TS LUC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appenited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL18000219760		SEPTEMBER 14, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbit	eviation "L.L.C."
Enter new principal offices address, if applicable:			15 N
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		PC E
			11: 53 Dailot
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, enter ti	ne name of the new
Name of New Registered Agent.			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	City		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

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>	Name	Address	Type of Action
MGR	JULIAN BALLVE	180S PONCE DE LEON BLVD	■ Add
		SUITE 400	Remove
		CORAL GABLES, FL 33134	Change
MGR	MARCELO D. ROMANO	1805 PONCE DE LEON BLVD	Add
		SUITE 400	□ Remove
		CORAL GABLES, FL 33134	Change
MGR	ANTONIO JAVIER ROMANO	1805 PONCE DE LEON BLVD	
		SUITE 400	Remove
		CORAL GABLES, FL 33134	Change
			□ Remove
		,	Change Add Change Change Change Change Change Change Change Change
			☐ Remove

/02/2019/TUE 04:49 PM	PAX No.	P. 004
If amending any other information,	enter change(s) here: (Attach additional shee	ts, if necessary.)
		
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Effective date, if other than the date	of filing:	(optional)
(If an effective date is listed, the date must be sp	ecific and cannot be prior to date of filing or more than 9 ses not meet the applicable statutory filing requires	0 days after filing.) Pursuant to 605.020 ments, this date will not be listed as
the record specifies a delayed effe) The 90th day after the record is	ective date, but not an effective time, at s filed.	12:01 a.m. on the earlier o
Dated	2019	
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Sig lia	pre of a member or authorized representative of a mem	ber
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	Typed or printed name of signee	

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