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## **COVER LETTER**

TO: Registration S  Division of Co					
1350 NE,					
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The sustanced Adiabases	f A mandment and facts) are sul	omitted for filing			
	f Amendment and fee(s) are sul ondence concerning this matter	-			
riease return an corresp	ondence concerning this matter	to the following.			
	Valentina De Sales				
		Name of Person			
		Firm/Company			
	12401 NE 16 Ave, Unit 1	00			
	· · · · · · · · · · · · · · · · · · ·	Address			
	North Miami, FL 33161		¥		
		City/State and Zip Code			
	valentinasophia0422@gma	il.com to be used for future annual report notific	ation)		
For further information of	concerning this matter, please c	•	<u>න</u> ,		
Valentina De Sales		786 942-5070 at ( )	Felephone Number		
Name o	of Person		Felephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)			
Mailing Address Registration		<u>Street Address:</u> Registration Secti	on		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1350 NE, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000014342		
This amendment is submitted to amend the following:		3
A. If amending name, enter the new name of the limited liab	ility company here:	PH 12:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.E.C."
Enter new principal offices address, if applicable:	1350 NE 125 ST	·
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33161	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12401 NE 16 Ave, Unit 100 North Miami, FL 33161	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	<del></del> -	
New Registered Office Address:	Enter Florida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALBERTO MORALES,	4011 W. FLAGLER ST., #305	□Add
		CORAL GABLES, FL 33134	■Remove
			□Change
MGR	Valentina De Sales	12401 NE 16 Ave, Unit 100	<b>≘</b> Add
	Nor	North Miami, FL 33161	□Remove
			□∧dd
			□Remove
			□Change
			🗆 🖊 🗆 🖊 🗸
			□Remove
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lfan effecti <u>Note:</u> If	e date, if other than the date of filing:	207 l as
d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	february 11, 2020.	
	Munik	
	* I	
	Signature of a member or authorized representative of a member  Aberto Morge (e. S.	

Filing Fee: \$25.00