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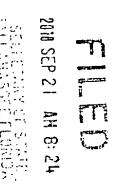
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COVER LETTER

Division of Corp	orations_		, i	
SUBJECT:	PECE -	Investmented Liability Company	ts, LC	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	Lisa	lanza		
	Melisse	Name of Person P. Lanza Firm/Company	PA.	
	104 (randon Blu	d #420	
	Key Bis	scayne, Act	33149	
	E-mail address: (to	City/State and Zip Code P	alaw. (om fication)	2018 SEF
For further information co	ncerning this matter, please cal	II:		SEP 2
Name of	Person	$\underbrace{\frac{305}{\text{Area Code}}}_{\text{At }} \underbrace{\frac{36}{-}}_{\text{Daytime}}$	e Telephone Number	# M
Englosed is a check for the	following amount:		بن کر	ri 🗜
\$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 Statu Certified Copy (additional copy is encl	

MAILING ADDRESS:

TO:

Registration Section

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

(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 \(\frac{2/18}{2011}\) and assigned Florida document number \(\frac{L1000021059}{L100002059}\). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] [Principal office address MUST BE A STREET ADDRESS] [Mami Ft 33129]
Enter new mailing address, if applicable: 1865 Brickoll August Unit A-12 Mami, FL 33 129 3. If amending the registered agent and/or registered office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: 104 Crandon Blad. Superior Supe
Sew Registered Agent's Signature, if changing Registered Agent: Thereby 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.

Page 1 of 3

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
MER	Manuel Bustamante	1865 Brickell Ave, Unit A-1	264 Add
		Mami, FL 33/29	Remove
			Change
MBR	Camilo Bustamante	1865 Brickell Ave, Unit	A-1204
		Mami FC 33/29	□ Remove
			Change
			Remove
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effectiv	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing to date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.02
ument'	s effective date on the Department of State's records.	ic will not be fisted a
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m th day after the record is filed.	on the earlier
116 90	in day after the record is filed.	
ed	Sept. 19 2018	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Redn Bustament	

Page 3 of 3

Filing Fee: \$25.00