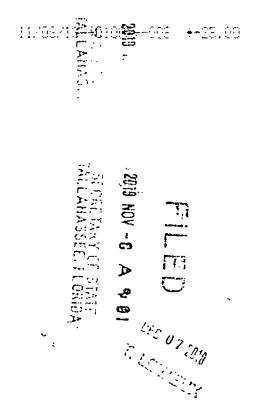
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COVER LETTER

TO: Registration S Division of Co			
	AYLARIAN BEVD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Manuel Barrio		
		Name of Person	
	1841 BAYLARIAN BLV	D LLC	
		Firm/Company	
	1405 S Orange Ave. Ste.	Name of Person AN BLVD LLC Firm/Company Eve. Ste 307 Address City/State and Zip Code mail.com address: (to be used for future annual report notification) please call: 321 888-0509	
		Address	
	ORLANDO, FL 32806	Name of Person LARIAN BLVD LLC Firm/Company ange Ave. Ste 307 Address D. FL 32806 City/State and Zip Code rio@gmail.com E-mail address: (to be used for future annual report notification) matter, please call:	
		City/State and Zip Code	
	manuel.barrio@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Manuel Barrio			
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$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 Status & Certified Copy (additional copy is enclosed)

TO:

MAILING ADDRESS: 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

1841 BAYLARIAN BLVD LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000024945	were filed on 02/05/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ST CRETARY BY ST SUBSTITUTE AND A STREET FLOOR CONTROL	
Name of New Registered Agent:	<u>.</u>	
Name of frew registered Agent.		
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>	Address	Type of Action
AMBR	Giallombardo, Mauro	PO Box 671, Windermere FL 34786	Add
			Remove
			Change
AMBR	Gonzalez, Patricio Hernan	Hernan PO Box 671, Windermere FL 34786	Add
			Remove
			□ Change
AMBR	Alonso Costela, Mario Virgilio	PO Box 671, Windermere FL 34786	Add
			Remove
			☐ Change
AMBR	Gondell, Bruno Antonio	PO Box 671. Windermere FL 34786	Add
			Remove
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			ed effective ecord is file		ut not an e	ffective tim	e, at 12:01	a.m. on the	earlier o
ated	1/	14/20	19	j —	 	presentative of			
			Signature	of a member o	r authorized re	presentative of	member		

Page 3 of 3

Filing Fee: \$25.00