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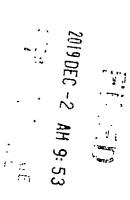
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COVER LETTER

TO:	Registration Sec Division of Corp		• · · · • • · · · · · · · · · · · · · ·	4.
SUBJI	CT.	TCH BU	ilders, LLC	**
30001		Name of Lim	ited Liability Company	·
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ra	Ph Ramirez Name of Person	
			Name of Person	
			Firm/Company	
			Firm/Company	
		2990 Ponce	e de Leon Blud STE	= 500
			Address	
		Coral Ci	ables FL 33134	
			City/State and Zip Code	
		ichinfu	Dichbuilders . com to be used for future annual report notification	
		E-mail address: (to be used for future annual report notificatio	n)
For fur	ther information co	oncerning this matter, please co	all:	
	Ralph	Ramilez	305 7 5 53)명
	Name of	Person	at (305) 216. Sol	phone Number
		e following amount:		
四 \$2	5.00 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)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions nassee eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOH RUNLAGUS 110

(Name of the Limited Liability Co. apai (A Florida Limited L	ny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Company (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number 10900009421. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company The new name must be distinguishable and contain the words "Limited Liability Company (A Florida Limited Liability) (A	ility company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2990 Ponce de Leon Blvd STE 500 Coral Gables, TL 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2990 Ponce de Leun Blad STE 500 Coral Gables FL 33134
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
	Ponce de Leon Blyd # 470 Enter Florida street address

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.

f Changing Registered Agent, Signature of New Registered Agent

Cural Gables, FL, Florida 33140

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
MGR	Rafuel Rumirez	2990 Ponce de Leon	□Add
		Blvd STE 500	□Remove
		Coral Gables, FL 33134	🗷 Change
AM	Alicia Ruminez		□Add
			⊠ Remove
			Change
AM Jose Veiasque	Jose Veiasquez	2990 Ponce de Leon	□ Add
		Blvd STE 500	□Remove
		Coral Cichles, FL 33134	<u></u> ⊠Change
			□Add
			□Remove
			□Change
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an effe ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	November 26 7. 2019.
	· /////
	Signature of a prember or authorized representative of a member