CORAL GABLE				
Current Mai	ling Address:			
PO BOX 143				
MIAMI, FL	33114 US			
FEI Number: 39-2079262			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
VALLEJO, LUC 231 GRANT DR CORAL GABLE				
The above name	d entity submits this statement for the purpose of changing	a its reaistered office or reais	tered agent or both in the State of	Florido
	······································	, no regioner en regio	terea agent, er seat, in the etate er	Fiuliua.
SIGNATURE	E: LUCAS VALLEJO			02/05/2019
SIGNATURE				
	E: LUCAS VALLEJO			02/05/2019
	E: LUCAS VALLEJO Electronic Signature of Registered Agent	Title	MGR	02/05/2019
Authorized	E: LUCAS VALLEJO Electronic Signature of Registered Agent Person(s) Detail :			02/05/2019
Authorized	E: LUCAS VALLEJO Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/05/2019
Authorized Title Name	E: LUCAS VALLEJO Electronic Signature of Registered Agent Person(s) Detail : MGR BRONSZTEIN, GUIDO	Title Name	MGR ZALCMAN, MARCELO	02/05/2019
Authorized Title Name Address	E: LUCAS VALLEJO Electronic Signature of Registered Agent Person(s) Detail : MGR BRONSZTEIN, GUIDO PO BOX 143677	Title Name Address	MGR ZALCMAN, MARCELO PO BOX 143677	02/05/2019
Authorized Title Name Address	E: LUCAS VALLEJO Electronic Signature of Registered Agent Person(s) Detail : MGR BRONSZTEIN, GUIDO PO BOX 143677	Title Name Address	MGR ZALCMAN, MARCELO PO BOX 143677	02/05/2019

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000058047

Entity Name: DEPARTAMENTOS MIAMI LLC

Current Principal Place of Business:

231 GRANT DR CORAL GABLES, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCELO ZALCMAN

MGR

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 05, 2019 Secretary of State 9362978686CR

Date