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COVER LETTER

TO:	Registration Sec Division of Corp			
aun.		STMENTS, LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	·
Please 1	return all correspon	ndence concerning this matter	to the following:	
		RAFAEL GABALDON		
			Name of Person	\$ 60°C
			Firm/Company	
		2975 NW 77TH AVE		
			Address	
		MIAMI, FL 33122		•
		S	City/State and Zip Code	
For furt	ther information co	e-man address: (ouncanon)
RAFA	EL GABALDON		561 908-1552 at ()	
	Name of	Person	Area Code Dayı	time Telephone Number
Enclose	ed is a check for the	e following amount:		
\$1, \$ 25	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)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations 5

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)

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/20/2005	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 Liabi	lity 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)		14 77
Enter new mailing address, if applicable:		PH 5:
(Mailing address MAY BE A POST OFFICE BOX)		- E (
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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
MGR	RAFAEL GABALDON	2975 NW 77TH AVE	□ Add
		MIAMI, FL 33122	■ Remove
			Change
		_	□ Add
			Remove
			Change
			Add
			Remove
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			□ Add
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			☐ Change

•	<u> </u>
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	- Control of the cont
fect	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
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ocun	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ocun e re	cord 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.
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Page 3 of 3

Filing Fee: \$25.00