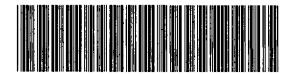
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COVER LETTER

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| | tration Sec lon of Corp | | | |
|----------------------|----------------------------|--|---|---|
| SUBJECT: | Aendez Roti | abard Molieri & Co, LLC | ÷ | |
| SUBJECI: _ | <u></u> | Name of Lim | ited Liability Company | |
| The enclosed A | Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return al | ll correspon | dence concerning this matter | to the following: | |
| | | Eduardo Mendez | | |
| | | | Name of Person | ····· |
| | | Mendez Molicri & Co, LL | c | |
| | | | Firm/Company | |
| | | 2600 S Douglas Road, Suit | te 501 | |
| | | | Address | |
| | | Coral Gables, Florida, 3313 | 34 | |
| | | | City/State and Zip Code | |
| | | emendez@mrmco-cpa.com | | |
| | | · | to be used for future annual report notificari | on) |
| For further info | rmation cor | cerning this matter, please es | MI; | |
| Eduardo Mende | ez | | 305 742-2800 at (| |
| | Name of I | erson | Area Code Daytime Tel | ophone Number |
| Enclosed is a ch | neck for the | following amount: | | |
| \$25.00 Filin | ng Foe | ☐ \$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 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

| | FIL | ΕD | |
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| 18 A | PR -2 | O. | • |
| JALLZHI | ARY O | FA 3: 43 FSTATE FLORIDA | 7 |

Mendez Rothbard Molieri & Co, LLC bility Company as it now appears on our records.)
rids Limited Liability Company) (Name of the Limited L. The Articles of Organization for this Limited Liability Company were filed on 05/19/06 and assigned Florida document number L06000052170 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mendez Molieri & Company The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2600 S Douglas Road Enter new principal offices address, if applicable: Suite 501 (Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33134 2600 S Douglas Road Enter new mailing address, if applicable: Suite 501 (Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33134 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Eduardo Mendez Name of New Registered Agent: 2600 S Douglas Road, Suite 501 New Registered Office Address: Enter Florida street address Florida 33134 Coral Gables

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Kertsfered Agent

Page 1 of 3

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 |
|--------------|--------------------|-----------------------------|----------------|
| MGRM | Martin A. Rothbard | 2657 Edgewater Drive | |
| | | Weston, Florida 33332 | Remove |
| | | | ☐ Change |
| MGRM | Aejandro Molieri | 2600 S Douglas Road | Add |
| | | Suite 501 | □ Remove |
| | | Coral Gables, Forida 33134 | ☐ Change |
| MGRM | Eduardo Mendez | 2600 S Dougias Road | 5 Add |
| | | Sute 501 | CI Remove |
| | | Coral Gables, Florida 33134 | C Change |
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| ective | date, if other than the date of filing: Merch 31. 2018 (optional) ive 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 | .0207 |
| te: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 's effective date on the Department of State's records. | ed as |
| | | |
| recor | of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of the record to filed | er of |
| | Oth day after the record is filed. | |
| ed | March 19 2018 | |
| - | March 19 , 2018. | |
| | Signature of a member or authorized representative of a member Martin Rightard | |
| | • | |

Page 3 of 3

Filing Fee: \$25.00



RECEIVED

2018 APR - 2 PM 12: 31

DIVISION OF CORPORATION
TALLAHASSEE, FLORE

March 30, 2018

MENDEZ ROTHBARD MOLIERI & CO., LLC 2600 S DOUGLAS RD, STE. 501 CORAL GABLES, FL 33134

SUBJECT: MENDEZ ROTHBARD MOLIERI & CO., LLC

Ref. Number: L06000052170

We have received your document for MENDEZ ROTHBARD MOLIERI & CO., LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As of the new rewrite of the LLC statutes (605) January 1, 2014, LLCs can no longer file with CO. in the name. They can use Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 418A00006504