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## **COVER LETTER**

Divis	sion of Cor	porations		
SUBJECT:	CINNAMO	ON PRIME, LLC		
		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	amittad for filling	
			-	
Please return a	all correspo	indence concerning this matter	to the following:	
		Eduardo F. Rodriguez		
		<del></del>	Name of Person	
		EFR Law Firm		
			Firm/Company	<del></del>
		1548 Brickell Avenue		
			Address	
		Miami, Florida 33129		
		eddie@efrlawfirm.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For further info	ormation co	oncerning this matter, please ca	all:	
Eduardo F. Re	driguez		305 978-9340 at ( )	
<u> </u>	Name of	Person		e Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ing 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:

**Registration Section** 

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

CINNAMON PRIME, LLC				一卷 青一
( <u>Name of the Lin</u>	ited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	1 our records.)	5 7
The Articles of Organization for this Limited Florida document number 1.06000087006	Liability Company	v were filed on Septer	nber 5, 2006	and assigned,
This amendment is submitted to amend the fo	llowing:			
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	ility Company," the design	nation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	c/o EFR Law Firm		
(Principal office address MUST BE A STREET ADDRESS)		1548 Brickell Aven	ue	
		Miami, Florida 3312	29	
Enter new mailing address, if applicable:		c/o EFR Law Firm		
(Mailing address MAY BE A POST OFFICE BOX)		1548 Brickell Avenue		
		Miami, Florida 331.	29	
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	r records, <u>ent</u>	er the name of the nev
Name of New Registered Agent: Eduardo F. Rod		driguez		
New Registered Office Address:	1548 Brickell A			
		Enter Florida s		
	Miami		, 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
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	nation, enter change(s) here: (Attach add	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as
he record specifies a delay The 90th day after the re	ed effective date, but not an effective cord is filed.	time, at 12:01 a.m. on the earlier of
Dated October 12	2018	
	Signature of a member or authorized representati	ve of a member
MC-L DD -		ve or a memoer
Michael Pearson, as L	Typed or printed name of signee	

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Filing Fee: \$25.00