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COVER LETTER

то:	Registration So Division of Co								
SUBJEC	Corona Far	mily Management Company, L	LC						
SUBJEC	-1: <u> </u>	Name of Lin	nited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		Joseph A. Porrello							
			Name of Person						
		Joseph A. Porrello, P.A.							
			Firm/Company						
		7700 N. Kendall Drive, Se	nite 602						
		Address Miami, Florida 33156 City/State and Zip Code							
		abelardo_corona@hotr							
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report по all:	iffication)					
Joseph A	. Porrello		305 374-0092						
	Name o	f Person	Area Code Daytir	ne Telephone Number					
Enclosed	is a check for th	ne following amount:							
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
-	Mailing Addres Registration S		Street Address: Registration Se	ection					
]	Division of C	orporations	Division of Co	rporations					
	P.O. Box 632 Tallahassee, F		The Centre of						
	ramanassee, I	F 24214	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(N)		
(Name of the Lin	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
	Liability Company were filed on 10/05/2006	and assigned
lorida document number L06000097653		
his amendment is submitted to amend the fo	ollowing:	
If amending name, enter the new name	of the limited liability company here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
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	E BOX)	202 SE
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Mailing address MAY BE A POST OFFICE	registered office address on our records, en	SECRETARIO SE CONTROL
<u>Iailing address MAY BE A POST OFFICE</u> If amending the registered agent and/or	registered office address on our records, en	iter the name of the new register
<u>Sailing address MAY BE A POST OFFICE</u> If amending the registered agent and/or	registered office address on our records, en	iter the name of the new register
Initial Action And the registered agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>en</u> ess here:	nter the name of the new register
Iailing address MAY BE A POST OFFICE If amending the registered agent and/ortent and/or the new registered office addr	registered office address on our records, <u>en</u> ess here: Abelardo Corona	nter the name of the new register
Agailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address of New Registered Agent:	registered office address on our records, <u>en</u> ess here:	nter the name of the new register
gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our records, eness here: Abelardo Corona Enter Florida street ad	nter the name of the new register

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.

/s/ Abelardo Corona	
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

Title	Name	<u>Address</u>	Type of Action
MGRM	Norma Corona	10501 SW 127 Street	□Add
		Miami, Florida 33176	
			[]Change
MGR	Abelardo Corona	10501 SW 127 Street	■Add
		Miami, Florida 33176	□Remove
			Change
MGR	Marguerite Noel Corona	10501 SW 127 Street	■Add
		Miami, Florida 33176	□Remove
			Change
			□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 bedocument's effective date on the I	ust be specific and can block does not meet	the applicabl	date of filing or me statutory filin	ore than 90 days	pptional) after filing.) Pursua , this date will no	nt to 605.0207 (3) t be listed as the
he record specifies a delayed effecti ord is filed.	ve date, but not an o	effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90th c	day after the
Dated March 20		020				
/s/ Abelarde	O Corona Signature of a memi	ber or authoriz	ed representative	of a member		
Abelardo Corona	•					
	Tvo	ed or printed r	ame of signee			

Filing Fee: \$25.00