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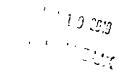
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	ACEDA CONTR Name of Limited Lie	1570RG LLC	·
		G. Cling	
The enclosed Articles of A	mendment and fee(s) are submitted	TOF UTUG.	•
Please return all correspond	dence concerning this matter to the	following:	
	Fidel Muse	la	
	Muceda Conna	ctors LLC Firm/Company	
· .*			
`.	5030 SW 173 d 1	Var	
		Address	
	Southwest Rench	25 FL 33334	
	Macecla 4c @ E-mail address: (10 be	23 FL 3333 y/State and Zip Code Smoci (-COM) yeld for future annual report notificat	tion)
For further information co	ncerning this matter, please call:		
Fidel Mac	eda	at (954) 993223	8 clephone Number
Name of	Person	Area Code Dayinin II	•••
Enclosed is a check for the	e following amount:		
\$25.00 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 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>40800002</u>2929 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Executive lark Dr Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS ROLANDO	16653 Golfview Dr	.മ് Add
		16653 Golfview Dr Weston FL 33326	□ Remove
			Change
MGA_	Zulme Johnson Macket	5030 SW 173rd Way	🗆 Add
,		Southwest Ranches FL 33	331 M Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Remove
			Change
			□ Add
			☐ Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

See_	attach	
	•	
		
		·
		·
	<u> </u>	
	. '	
 		
		
n effective date is li	other than the date of filin isted, the date must be specific an iserted in this block does not a we date on the Department of	and cannot be prior to date of fitting of fitting that you days and thingly because the applicable statutory filing requirements, this date will not be listed
record specif The 90th day	ies a delayed effective after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earlier
ated <u>Ma</u>	1 207h	2019
		a member or authorized representative of a member
	Fidel Macada	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00