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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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JAN 23 2017 S. YOUNG SECRETARY OF STATE FALLARIASSIE, FLOREDA

COVER LETTER

| Section Orporations | | | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| o Llc | | | |
| Name of Lim | nited Liability Company | | |
| of Amendment and fee(s) are sub | omitted for filing. | | |
| pondence concerning this matter | to the following: | | |
| Alex Barrera | | | |
| | Name of Person | | |
| L'incontro Lle | | | |
| | Firm/Company | | |
| 35 State Rd 60 West | | | |
| | Address | | T PER |
| Lake Wales Fl, 33853 | | | JAN TOTAL |
| lincontrogm@yahoo.com | City/State and Zip Code | | JAN 20 IM 8: 05 |
| E-mail address: (| to be used for future annual report notif | fication) | 66 82 50 82 50 82 |
| n concerning this matter, please c | ali: | | S S |
| | 863 6767400 at () | | |
| e of Person | Area Code Daytime | e Telephone Number | _ |
| the following amount: | | | |
| ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing For Certificate of Societified Copy (additional copy is | Status & |
| | Name of Lin Name of Lin of Amendment and fee(s) are subspondence concerning this matter Alex Barrera L'incontro Llc 35 State Rd 60 West Lake Wales Fl, 33853 lincontrogm@yahoo.com E-mail address: a concerning this matter, please concerning this matter, please concerning the following amount: state of Person | Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Alex Barrera Name of Person L'incontro Lic Firm/Company 35 State Rd 60 West Address Lake Wales F1, 33853 City/State and Zip Code lincontrogm@yahoo.com E-mail address: (to be used for future annual report notifing on concerning this matter, please call: at (| Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Alex Barrera Name of Person L'incontro Lic Firm/Company 35 State Rd 60 West Address Lake Wales F1, 33853 City/State and Zip Code lincontrogm@yahoo.com E-mail address: (to be used for future annual report notification) of concerning this matter, please call: at (|

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

TO ARTICLES OF ORGANIZATION OF

| L'incontro Llc | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| (Name of the Lim | ited Liability Company as it n (A Florida Limited Liability C | ow appears on our records.) Company) | |
| the Articles of Organization for this Limited I lorida document number | Liability Company were fil | ed on | and assigned |
| nis amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name o | of the limited liability con | npany here: | |
| ne new name must be distinguishable and contain the | | any," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if appli | | | |
| rincipal office address MUST BE A STREE | <u>ET ADDRESS)</u> | | |
| nter new mailing address, if applicable: | | | SECRETA SELAND 17 JAN |
| Mailing address MAY BE A POST OFFICE BOX) | | | 6 资料 |
| | | | 至 完 |
| . If amending the registered agent and gistered agent and/or the new registered of | | dress on our records, <u>ente</u> | er the name of the n |
| Name of New Registered Agent: | Alex Barrera | | |
| New Registered Office Address: | 35 State Rd 60 W | | |
| | <u> </u> | Enter Florida street address | |
| | Lake Wales | , Florida | 33853 |
| | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---------------------------------------|------------------------------------------------|
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| (If an ef Note: | tive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. | o 605.0207 (3) e listed as the |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ee 90th day after the record is filed. | arlier of: |
| Dated | Monday January 16 2017 | |
| | | |
| | Alex tonero | |
| | Signature of a member or authorized representative of a member | _ |
| | Alex Barrera | |
| | | _ |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00