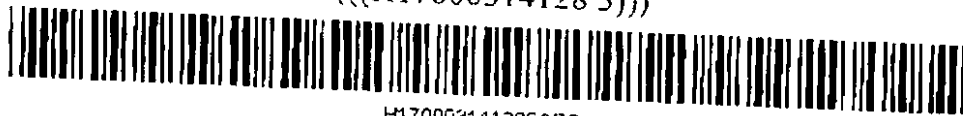


L10000097213

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 184512000707
Phone : (305)893-2736
Fax Number : (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESPIRIT INTERIORS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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Corporate Filing Menu

Help

S. WARREN

DEC 01 2017

2017 NOV 30 PM 4:35

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17 NOV 30 AM 9:05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPIRIT INTERIORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/16/2010 and assigned
Florida document number 610000097213

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2541 S.W. 56 AVE.

(Principal office address MUST BE A STREET ADDRESS)

WEST PARK, FL. 33023

Enter new mailing address, if applicable:

2541 S.W. 56 AVE.

(Mailing address MAY BE A POST OFFICE BOX)

WEST PARK, FL. 33023

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:

2541 S.W. 56 AVE.

Enter Florida street address

WEST PARK

Florida 33023

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------------|--|
| P | EDGAR E. OSPINA SR | 8340 HARDING AVE | <input type="checkbox"/> Add |
| | | APT. 303 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI BEACH, FL. 33141 | <input type="checkbox"/> Change |
| MGRM | EDGAR E. OSPINA | 2541 S.W. 56 AVE. | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | WEST PARK, FL. 33023 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 1 NOVEMBER 30TH 2017

[Handwritten signature]

Signature of a member or authorized representative of a member:

EDGAR E. OSPINA

Typed or printed name of signee

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U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA