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COVER LETTER

Division of Corp		, ,	.34 <u> </u>		* *
SUBJECT:	REF MAN	AGEMENT, LLC			
	. Name of Limi	ted Liability Company		.	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		JAQUI LEVY HARA			
		Name of Person			
		Firm/Company		in-m-m	
20900 NE 30TH AVE SUITE 603					
		Address			
AVENTURA, FL 33180 City/State and Zip Code					
For further information co	ncerning this matter, please o	eall:			
JAQU	LEVY HARA	at (305)	917-76	373	
Name of	Person	Area Code &	Daytime Telepho	ne Number	•
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e		660.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &

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

REF MANAGEI	MENT, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	<i>r</i> as it now appear ibility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL10000098667		09-21-2010	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation "LLC	2" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			5P5-1-6-9-Y
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, enter the	name of the new
Name of New Registered Agent:			2
New Registered Office Address:	En	ter Florida street addres	anti Wa
		Floridan Floridan	
	City	NA S	Zīp Code
New Registered Agent's Signature, if changing Registered Agent:		9 mi	Φ .

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	MARIANO SABANES	20900NE 30TH AVE SUITE 603 AVENTURA FL 33180	Add Remove
MGR_	BRIAN LEVY HARA	20900NE 30TH AVE SUITE 603 AVENTURA, FL 33180	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
-			
_			
Dated	JKQ	20	
	JAQUI	Her or authorized representative of a member LVY HARA Ped or printed name of signce	

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Filing Fee: \$25.00