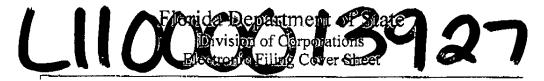
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

: (305)670-1991

Phone Fax Number

: (305)670-1993

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

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3056701993 12/22/2016 12:12

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linkil)	by Campany of it now append on pur race	wde )
(A Plorid	ity Company as it now appears on pur reco a Limited Liability Company)	<u>: (m.)</u>
The Articles of Organization for this Limited Liability C Florida document number <u>L11000043927</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	0
		<b>2</b> / 选了
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0: 38 :
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	<b>₽</b> ¢¢¢
	City,	lorida
Name Descriptional Advant's Clausetine of the series Descriptions	 	<u> </u>

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

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	Address	Type of Action
MGRM	STUART-MILNE, JORGE ARTUI	2665 SOUTH BAYSHORE DRIVI	□ Add
		COCONUT GROVE, FL 33133	■ Remove
			Change
MGRM	STUART-MILNE, MIGUEL LAIN	2665 SOUTH BAYSHORE DRIVI	<b>=</b> Add
· · · · · · · · · · · · · · · · · · ·		COCONUT GROVE, FL 33133	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		4	□ Remove
			dhange
			Remove
			□ □ <b>?</b> Phange
			Add
			☐ Remove
			Cliange