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From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-9300

Fax Number : (305)485-1098

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K. SALY EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Com	pany as it new appears on our record	<u>i.)</u>
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organizatio		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation "LLC	"or the abbreviation "L.L.C."
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)	رو والروايد والمروايد	
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the
Name of New Registered Agent:	and the second s	A1.
New Registered Office Address:	Enter Florida straat address	
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	W15	

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 heing 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

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

Page 1 of 3

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

3054851098

Title	Name	Address	Type of Action
MOR	JUAN P. RODRIGUEZ	1600 NW 33 ST LOTE # 26	
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ective date, if a	other than the	date of filing:	cannot be prior	o date of filing a	r more than 90 day	(optional) ys after filing.) Pursuant	. to 605.02
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