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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TORRES & VADILLO, LLP

Account Number : 120150000038 Phone : (305)485-9700 Fax Number : (305)436-0191

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

Email Address: WY 701

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		iny as It now annears of Liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document number 1.11000041708	Liability Company	were filed on 04/07	/2011	and assig	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here	:		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	breviation "L.L	.C."
Enter new principal offices address, if applicable:		N/A			···
(Principal office uddress MUST BE A STRE	ET ADDRESS)			A S 20	
*				ECHERICANOV	Π
Enter new mailing address, if applicable:		N/A		25 V	
(Mailing address MAY BE A POST OFFICE BOX)		####		n'-< ∞	
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B. If amending the registered agent and	1/aw wastetawad a	.05-a addusa a	2 2 2 2		e Cartha ar ar
registered agent and/or the new registered of			or records, enter	T.	the ney
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida	strevt address		
			, Florida		
		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.

Fadua Souki de N.

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

<u>Fitle</u>	Name	Address	Type of Action
MGR	Fadua Souki	475 Brickell Avenue	
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		Miami, Florida 33131	Change
			Remove
			☐ Change
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