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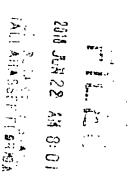
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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JUN 25 7F. T J. HARRIE

COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

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The enclosed Articles of Am Please return all corresponde		_	
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	elise Lef	Name of Person	
1	10utana 13	HOLDINGS II LI	1.
	941 NE 9	1 TER Address	
	MiAni FLO	ORIVA 38188 City/State and Zip Code	<u>}</u>
<u> </u>	ELISEF 13 (2) E-mail address: (to	DHOTMAIC. FR	ion)
For further information conc	erning this matter, please cal	1:	
Elise le orer	TER	at (<u>305</u>) <u>972</u> Area Code Daytime Te	6413 lephone Number
Enclosed is a check for the fe	ollowing amount:		
	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.) Florida Limited Liability Company) Florida document number <u>L.1100068453</u>. 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 "LLC." 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) \Box 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: Enter Florida street address

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

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>	Name	<u>Address</u>	Type of Action
AMBR	FRAUZ LEFORES	TIANI, FLORIDA	TERMAND
	,	MiAni, Frarida	33138 a Remove
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D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)	
			
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<u>Note</u>	tive date, if other than the date of filing:	nal) filing.) Pursuant to date will not be	605.0207 (3)(1 listed as the
f the re b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a good part of the record is filed.	.m. on the ea	rlier of:
Dated	06/18/2018	> 2	2018
	Signature of a member of authorized representative of a member	27- 4s	<u></u>
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	Typed or printed name of signee	- 1	
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	Page 3 of 3		

Filing Fee: \$25.00